



MARYLAND  
STATE RETIREMENT  
and PENSION SYSTEM

# Employer Guide *for* Retirement Coordinators

**A Resource for Employers  
Helping Members**

410-625-5555 1-800-492-5909

[www.sra.maryland.gov](http://www.sra.maryland.gov)

**Maryland State Retirement Agency**

120 E. Baltimore Street  
Baltimore, Maryland 21202-6700  
[sra@sra.state.md.us](mailto:sra@sra.state.md.us)

Dear Retirement Coordinator:

Thank you for your commitment to the members of the Maryland State Retirement and Pension System.

I am pleased to present the revised edition of the Employer Guide for Retirement Coordinators.

Whether you're a seasoned coordinator or a newcomer, this reference guide was designed to equip you for your important role as a retirement coordinator. It provides information to help you answer basic member questions, comply with agency procedures and file required forms.

We appreciate your service on behalf of the Maryland State Retirement Agency (MSRA). We understand you have numerous duties beyond retirement support.

You are not alone! We are here to support you. Please call our staff if you need clarification of the material covered in this book or any other retirement matter.

I admire your dedication and appreciate your commitment. I hope this guide makes your job easier.

Respectfully,

A handwritten signature in black ink, appearing to read 'Karen P. Simpson', with a long horizontal flourish extending to the right.

Karen P. Simpson, M.A., CPLP  
Education and Training Manager

If there are questions of interpretation, the provisions of Division II and III of the State Personnel and Pension Article of the Annotated Code of Maryland and Code of Maryland Annotated Regulations (COMAR) takes precedence in resolving questions regarding the policies and benefits of the Maryland State Retirement and Pension System.

# **How to Use this Resource Guide**

## **When a coordinator wants a brief overview of the State Retirement System and their role as a retirement coordinator...**

Turn to the first section, “I. Before You Begin.” Coordinators will also find important Maryland State Retirement Agency (MSRA) phone numbers, what assistance our Member Services Division can provide; instructions on dealing with member inquiries, and information about confidentiality of member information.

## **When an employee needs a brief answer to a question or, coordinators need general instructions on how to guide an employee through enrollment, purchasing service or applying for disability...**

Go to section, “II. At a Glance” for checklists, filing deadlines and a description of the proper forms and procedures to follow for enrolling new members, making beneficiary changes, claiming credit, purchasing service, refunds, applying for disability allowance, contributions, service retirement, death benefits, and DROP participation. In this section coordinators will find plan summaries of major retirement benefits by system. Agency codes are listed at the end of the section for handy reference.

## **When coordinators need specific instructions on how to properly complete retirement agency forms...**

Section “III. Forms” contains detailed instructions on how to complete essential retirement agency forms. Special tips and reminders on when to include supporting documents such as an unexpired driver’s license or birth certificate are also included.

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# **I. Before You Begin**

## **A. The Maryland State Retirement Agency**

### **Origins of the Maryland State Retirement and Pension System**

The Maryland State Retirement System was created in 1927 to provide retirement benefits to teachers employed by the State of Maryland. Today, the Maryland State Retirement and Pension System (MSRPS) administers retirement, disability, and survivor benefits to State employees, teachers, law enforcement officers, legislators, judges, as well as local government employees whose employers participate in the System. The System is an employer sponsored defined benefit plan defined by law and based on a formula using salary history and duration of employment. The System currently provides monthly allowances to more than 153,000 retirees and beneficiaries, and is an essential element of the future financial security for over 192,000 active participating members.

### **System Administration**

The Maryland State Retirement Agency (MSRA) administers the Maryland State Retirement and Pension System. The Board of Trustees oversees investments and formulates System policies.

### **The Member Services Unit**

The Member Services Unit provides benefit counseling and member communications. Retirement benefit specialists assist members in understanding their retirement benefits via phones, one-on-one counseling, correspondence and seminars. Specialists are able to help our members understand their benefits and option selections for all retirement and pension systems, types of retirement and survivor benefits. Specialists can explain a member's annual Personal Statement of Benefits (PSB), confirm information on file such as enrollment date, address, service credit and retirement eligibility, and explain a recent estimate or service credit purchase invoice. Member Services handles disability claims and appeals.

The Member Services Unit is the main contact for member and retiree matters. Coordinators can reach us by email at [sra@sra.state.md.us](mailto:sra@sra.state.md.us) or phone at 410-625-5555 or 1-800-492-5909. We are located in Baltimore at 120 East Baltimore Street, 14th floor.

## **B. Employer Designation of a Retirement Coordinator**

### **Retirement Coordinator Designation**

Employers may designate more than one coordinator to serve as liaisons between the employer and the State Retirement Agency. A separate form must be used to designate each coordinator. To designate a retirement coordinator, the employer's appointing authority completes and signs the *Designation/Removal of Retirement Coordinator* (Form 214).

#### **Appointing Authority**

According to State Personnel and Pensions Article §1-101(b) an "Appointing authority" means an individual or a unit of government that has the power to make appointments and terminate employment. A retirement coordinator cannot designate him or herself.

#### **Primary Coordinator**

Employers with more than one coordinator may designate a primary coordinator to receive all notices or reports such as the Enrollment Exception Report. Employers may designate only one "primary" coordinator.

### **Retirement Coordinator Removal**

Employers remove coordinators no longer designated to receive information using the *Designation/Removal of Retirement Coordinator* (Form 214).

## **C. Retirement Coordinator and MSRPS**

### **Statewide Network**

There are approximately 700 employer designated certified retirement coordinators whose employers participate in the Maryland State Retirement and Pension System (MSRPS).

### **Retirement Coordinator Responsibilities**

Coordinators have responsibilities to their employer, the retirement agency and our members.

#### **Retirement Coordinator Meetings**

Coordinators *must* attend the MSRA annual retirement coordinators' meeting in June to keep coordinators up-to-date about legislation, retirement forms, policies, procedures and their role as a retirement coordinator. Meetings are held regionally and by webinar.

#### **Retirement Coordinator Certification**

The retirement agency requires all new retirement coordinators to become certified within the first three months of being designated by any participating agency; and designated coordinators previously certified to be recertified every three years. The purpose of certification is to ensure all members are receiving the same help and assistance regardless of where they work.

The online certification evaluation is an open-book certification assessment. Coordinators are registered for the evaluation by the retirement agency. Coordinators may use any MSRA materials including this Guide, our website, forms and system pamphlets.

#### **Retirement Coordinator Workshops and Webinars**

The retirement agency hosts retirement coordinator workshops and webinars to provide training about specific retirement coordinator responsibilities. All coordinators are required to attend the Disability workshop before their second year of being designated.

#### **Employer Verification**

Designated retirement coordinator's prime responsibility is to assist members in the completion and submission of retirement forms. Coordinators sign retirement forms verifying member information such as work history, salary and unused sick leave balances submitted to MSRA. Coordinators carefully review all forms and supporting documents before submitting them to MSRA; notarize forms when necessary; include the coordinator's contact information on all documents; and submit forms to MSRA in a timely manner.

#### **Member Support**

Retirement coordinators are an important link in the MSRPS communication chain. Coordinators provide members with MSRPS literature about retirement benefits and the proper retirement forms; and inform members of filing deadlines to enroll, purchase or transfer service credit, retire, or update a member's retirement account. Coordinators play an important role in disseminating information, such as our quarterly newsletter, to employees.

### **Retirement Coordinator Limitations**

Retirement coordinators are not employees or agents of the Maryland State Retirement Agency. Coordinators are not authorized to counsel members or provide them with specific retirement benefit or account information. This guide is designed to help coordinators to know when to call or direct members to contact MSRA for assistance.

### **Coordinator Support**

We regularly communicate with coordinators by e-mail, in writing, by phone, webinar and in person, to keep them informed and able to respond to member needs. Coordinators are also registered by MSRA for the online MSRA Resource Center. The Resource Center provides on-line registration, informational videos and is a communication resource for all employer designated retirement coordinators.

## **D. Policies to Guide Coordinators**

### **Member Queries**

Laws and procedures governing the pension plans are very complex. **Retirement Coordinators are not employees or agents of the Maryland State Retirement Agency (MSRA); and are not authorized to provide specific benefit information.** Please direct members and retirees to call the retirement agency when they have specific questions or need assistance with retirement benefit matters.

### **Important Agency Phone Numbers**

Member Services	410-625-5555	
Toll-free	1-800-492-5909	
TDD/TYY	410-625-5535	
Disability-Terminal	410-625-5523	
Death Benefits	410-659-8400	
Employer Payroll	410-659-8410	
Member Enrollment	410-625-5697	
Retirement Coordinator Education Manager	410-625-5503	ksimpson@sra.state.md.us

### **Important Agency FAX Numbers**

Disability	410-468-1659
Death Benefits	410-468-1713
Refunds	410-468-1713
Retirement Applications/Estimates	410-468-0648
Retirement Coordinator Designation/Removal	410-468-1708
Special Projects/DROP	410-468-1733
Unused Sick Leave Recertification	410-468-0648

### **RC Resource Center**

<https://training.sra.maryland.gov/>

### **Member Privileges**

This book is a guide for retirement coordinators to assist members. It is not designed to answer every question. As noted above, members and coordinators should call the retirement agency when they have questions or need assistance with specific benefit matters.

If a member disagrees with information concerning his or her account or entitlement to benefits, they may submit a written request for reconsideration. If they are still dissatisfied after reconsideration, the Board of Trustees may grant the individual an administrative hearing.

Any request for an appeal must be filed in writing to the executive director of the Maryland State Retirement Agency. Time limits apply. Please contact a benefits specialist for additional information.

### **Confidentiality**

Under Maryland's Public Information Act, all information in a member's retirement account is confidential. The retirement agency can only disclose information to the member who holds the account. Authorization to release information to a third party must be furnished in writing by the member. There are exceptions to this rule including (but not limited to):

- The member's employer.
- After the death of the member, the member's beneficiary, personal representative, or other person who has a valid claim to the member's benefits.
- If a court orders the release of information, the retirement agency must comply.

As an employer's designee, coordinators have the authority to release confidential information to the retirement agency, to execute retirement forms and other documents on behalf of their employer, provide the retirement agency with requested information regarding the employment status of employees, and to receive retirement account information necessary to assist members.

To protect member confidentiality, employers must remove coordinators no longer designated to receive information using the *Designation/Removal of Retirement Coordinator* (Form 214).

Confidentiality Limitations: The exceptions do not permit MSRA to release retirement allowance amount, estimates or medical diagnosis from medical files to retirement coordinators without the written consent of the employee.

**If there are questions of interpretation, the provisions of Division II and III of the State Personnel and Pension Article of the Annotated Code of Maryland and Code of Maryland Annotated Regulations (COMAR) takes precedence in resolving questions regarding the policies and benefits of the Maryland State Retirement and Pension System.**

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

DESIGNATION / REMOVAL OF  
RETIREMENT COORDINATOR

FOR RETIREMENT USE ONLY

FORM 214 (REV. 8/18)

DATE  
[ ][ ] - [ ][ ] - 20[ ][ ]

CHANGE:  
☐ Coordinator ☐ Address ☐ Name

EMPLOYER

LOCATION CODE(S)

Location Code 1

Location Code 2

Location Code 3

Location Code 4

Location Code 5

Location Code 6

RETIREMENT COORDINATOR DESIGNATION

☐ Primary Coordinator

The following individual is hereby authorized to serve as the appointing authority's designee to act on behalf of the employer in matters related to the Maryland State Retirement Agency. This designation provides the authority to: (a) execute all forms and other documents on behalf of the appointing authority that are required by the Maryland State Retirement Agency, (b) provide to the Maryland State Retirement Agency all requested information related to the employment status of employees, and (c) to receive information from the retirement records of employees under the jurisdiction of the appointing authority, to the extent that such information is required by the appointing authority.

RETIREMENT COORDINATOR'S NAME

First

Initial

Last

EMAIL ADDRESS

DIRECT PHONE

PUBLIC PHONE

FAX

WORK ADDRESS

Number and Street

City

State

ZIP Code

RETIREMENT COORDINATOR REMOVAL

The following individual is no longer authorized to serve as the designee of the appointing authority to act on behalf of this employer.

NAME

First

Initial

Last

CERTIFICATION

Certified by:

Signature of Appointing Authority: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name of Appointing Authority (please print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:

Karen Simpson; Maryland State Retirement Agency; 120 E. Baltimore St.; Baltimore, MD 21202 or fax # 410-468-1708

## DESIGNATION / REMOVAL OF RETIREMENT COORDINATOR

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A retirement coordinator is an employee *designated* by an employer to serve as a liaison between the employer and the Maryland State Retirement Agency. They are *not* employees or agents of the Maryland State Retirement Agency, and therefore are not authorized to provide specific benefit information. Designated retirement coordinators sign retirement forms verifying member information such as work history, salary and unused sick leave balances submitted to MSRA.

Employers must complete the *Designation/Removal of Retirement Coordinator* (Form 214) for all retirement coordinators. A retirement coordinator cannot designate him or herself.

The form must be signed by the retirement coordinator's "appointing authority"

Employers may designate more than one coordinator. A separate form must be used to designate each coordinator. More than one location code can be indicated for each coordinator.

All employer designated retirement coordinators *must* attend the annual retirement coordinators' meeting each year; become *certified* by MSRA within the first three months of being designated by their employer; and be recertified every three years.

### Primary Coordinator

Employers may only designate one "primary" coordinator. A primary coordinator receives all notices or reports such as the Enrollment Exception Report. Please indicate all primary coordinator location codes.

### Appointing Authority

According to State Personnel and Pensions Article §1-101(b) an "Appointing authority" means an individual or a unit of government that has the power to make appointments and terminate employment.



## II. At A Glance

### RETIREMENT FORMS

**MSRA Website** Forms may be printed or downloaded from website [sra.maryland.gov](http://sra.maryland.gov)

Forms are frequently updated. Don't over print. Please check the MSRA website for the most up-to-date form.

### DOCUMENT FILING CHECKLIST

Retirement coordinators assist members in the completion and submission of forms to the State Retirement office. Below are some general guidelines for filing forms.

- ☐ **Carefully Review the Completed Form:** Incomplete or inaccurate information will delay processing. It is essential that coordinators carefully review each form prior to submitting it to our office.
  - Full legal name including middle initial
  - Social Security Number on all forms and documents
  - Member signed and dated form
  - Complete beneficiary information- name, address, SSN
  - Accurate salary information
  - Date of Birth
  - Current address
  - Coordinator printed name on form
  - Coordinator signed and dated form
  - Coordinator included direct phone number
- ☐ **Be Aware of Filing Deadlines:** Forms must be received by the retirement agency to meet filing deadlines. Late forms could either delay processing, payment or disqualify a member from obtaining the benefit. If not sure about a deadline, confirm it with our office.
- ☐ **Notarize When Necessary:** A number of forms require notarization. Incomplete or improper notarization will STOP processing. A Notary Public acknowledges the identity of the person signing the form, not the accuracy of the document. The document is legally binding if
  - The date the form was notarized is the same date the form was signed by the member or retiree.
  - The notary actually witnessed the signature;
  - The notary filled in name of person signing form, and
  - There are NO cross-outs or changes.

The notary and retirement coordinator may be the same person.

Faxed copies are acceptable if notary seal is clearly visible.
- ☐ **Supporting Documents:** Supporting documents must be readable and include member's name and social security number
- ☐ **Send Related Forms Together**
- ☐ **Immediately Send Forms to MSRA:** Benefits are paid in accordance with forms on file with the retirement agency; not the employer. Send all forms to the retirement agency. Do not delay submission.

## ENROLLMENT PACKET

Coordinators provide the following forms and documents to new employees prior to or when employment commences:

- ☐ Welcome to the...System Pamphlet
- ☐ Application for Membership
  - ☐ Form 1 Employees, Teachers, Corrections, LEOPS, State Police
  - ☐ Form 2 Legislative
  - ☐ Form 3 Judges
- ☐ Designation of Beneficiary\*
  - ☐ Form 4 Employees, Teachers, Corrections, LEOPS, State Police\*
  - ☐ Form 4.1 Judges\*
  - ☐ Form 55 Legislative\*
- ☐ MSRA Verification of Birth date – see ENROLLING NEW MEMBERS for acceptable “Proof of Birth” documents
- ☐ *Teacher’s only* - Signed Position Description

Coordinators at Higher Education institutions provide the following forms and documents to eligible Higher Education Teachers and Employees to elect to participate in the Optional Retirement Plan(ORP):

- ☐ Form 60 Election Not to Participate in the Teachers/Employees System by Faculty or Administrative Officers of Institutions of Higher Learning
- ☐ Optional Retirement Plan Contract
- ☐ Community Colleges- Certification of Professional Position for Optional Retirement Program

Coordinators of elected and appointed officials elected or hired on or after 7/1/2015 provide the following form and questionnaire to individuals electing not to participate in the Employees’ Pension System:

- ☐ Form 60.15 Election Not to Participate – Appointed and Elected Officials

\* must be notarized

## ENROLLING NEW MEMBERS

### FORMS & FUNCTIONS

All of the following forms and documents are to be submitted together to the retirement agency:

New enrollment forms are required when membership begins in a different plan or system.

**Dual Enrollment:** Members who work for multiple employers and/or in positions eligible for membership in different MSRPS. All employers must report hours and contributions for all positions in all eligible systems. Members must complete Membership forms for all employers and each MSRPS system.

Eligible members not properly enrolled are not entitled to benefits.

**Application for Membership** – Provides basic personal information necessary to establish account.

- **Form 1** Employees, Teachers, Correctional Officers, LEOPS, State Police
- **Form 2** Legislative
- **Form 3** Judges

CORS positions: §25-201

Eligible Teachers' positions COMAR 22.04.03, *Public School (02)*, *Board of Education (03)*, *University or State College (04)*, *Community College (05)*, *Public Library (06)*.

### SPECIAL INSTRUCTIONS

Membership is mandatory for permanent (part/full time) employees budgeted to work at least 500 hours, not including overtime, in a fiscal year. Once enrolled, enrollment continues regardless of the number of hours worked.

Enrollment provides survivor, disability and other retirement benefits. Properly enrolled active members receive a Personal Statement of Benefits (PSB) in the Fall.

Temporary, contractual, and emergency employees are not eligible for membership (§1-101, §13-101, COMAR 22.04.02.04).

Requires retirement coordinator completion and signature.

**Transfer:** If member indicates membership in a different State or local retirement or pension system, review transfer provision on back of Form 1. See MSRPS TRANSFER CREDIT page 18

Optional Retirement Plan (ORP) eligible members', and appointed or elected officials' election not to participate in MSRPS is final, binding and irrevocable. See OPTIONAL RETIREMENT PLAN page 12.

**Designation of Beneficiaries** – Names individuals, organizations, trust or estate to receive survivor benefits.

- **Form 4** Employees, Teachers, Correctional Officers, LEOPS, State Police
- **Form 4.1** Judges
- **Form 55** Legislative

Form must be notarized. See BENEFICIARY DESIGNATION page 11.

MySRPS May designate a new beneficiary electronically through MySRPS secure portal

**Proof of Birth** – Verifies member's age, a primary factor in determining eligibility for benefits.

Birth Certificate or valid (unexpired): driver's license, U.S. passport, naturalization records, MD identification card, resident alien registration card

**Position Description**

Teachers System *only*

**FILING DEADLINE:** At commencement of member's employment. COMAR 22.01.12.01 requires members to be enrolled the 1<sup>st</sup> day of employment. See ADMINISTRATIVE FEES page 10.

**Rehiring Retirees:** Most retirees are not re-enrolled. Contact MSRA about Judges and Legislative retirees. MSRPS retirees and employers must notify the retirement agency in writing of date of reemployment, name of employer and anticipated earnings. **Maryland law § 23-407 (d) requires a minimum of 45 days between their retirement date and the date rehired by a MSRPS participating employer.** Questions? Call MSRA See REEMPLOYMENT page 32.

Teacher Rehire/Retire Program: The Board of Education assigns coordinators the responsibility of rehiring retirees for this program. The Board will be subject to a penalty for failure to submit certification for reemployed retirees. Contact Megan Myers at 410-625-5608 or mmyers@sra.state.md.us.

## ENROLLMENT EXCEPTION REPORTS

Enrollment Exception Reports-MSRA provides retirement coordinators a list of employees who are not properly enrolled. These reports help employers avoid administrative fees.

Membership is mandatory. All employees must be properly enrolled when first employed or when membership begins in a different plan or system.

Enrollment provides members with survivor, disability and other retirement benefits. Properly enrolled active members receive a Personal Statement of Benefits (PSB) in the Fall.

Designation of beneficiaries authorizes the Maryland State Retirement Agency to pay death benefits to beneficiaries chosen by the member or retiree. Otherwise benefits are paid to their estate.

**NOTE: Incomplete, improperly notarized or forms with errors will result in AE status.**

See ENROLLING NEW MEMBERS and BENEFICIARY DESIGNATION

The Enrollment Exception Report is often referred to as an AE (Automatic Enrollment) report of members automatically enrolled upon the receipt of payroll data or contributions.

If a coordinator does not receive a listing, then everyone was properly enrolled at the time the report was generated.

Review previously submitted forms before contacting retirement agency.

If a coordinator received a report in error, immediately fax a copy of the AE report with a note to 410.468.1714.

If a coordinator receives a listing, they have three weeks to:

1. **Review previously submitted forms to determine if they were properly completed**
2. Contact active employees on the AE report to submit properly completed forms to MSRA;
3. Indicate on the AE report the date properly completed forms were submitted for active employees or any other action taken;
4. Document employee termination date on AE report;
5. Questions? Contact the enrollments division supervisor at the phone number or e-mail printed on the report; and
6. Return the AE report with notes and copies of all forms to the Maryland State Retirement Agency.

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**FILING DEADLINE:** Three weeks after receiving AE report, notify MSRA of terminated AE employees or submit supporting documents to correct status of member's account. Employers must enroll all eligible employees hired before April 1<sup>st</sup> by June 30<sup>th</sup> of the same fiscal year to avoid administrative fees.

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**ADMINISTRATIVE FEE:** MSRA shall impose \$100 per employee per year administrative fee on participating employers for eligible employees hired before April 1<sup>st</sup>, still on payroll June 1<sup>st</sup> and not properly enrolled by June 30<sup>th</sup> of the same fiscal year. Payment is due 30 days after invoice date (COMAR 22.01.12.03). There is no waiver of fees.

## BENEFICIARY DESIGNATION

### FORMS & FUNCTIONS

#### Designation of Beneficiaries –

- **Form 4** Employees, Teachers, Correctional Officers, LEOPS, State Police
- **Form 4.1** Judges
- **Form 55** Legislative
- **MySRPS secure portal**

Member or retiree designates individuals including minor children, other relatives, friends, estate, trustee or charitable organization to receive death benefits unless otherwise restricted by law.

Payments to minor children are paid to guardian.

Primary beneficiary (ies)-Survivor benefit will be equally distributed between primary designated beneficiaries.

Contingent beneficiary (ies) - Survivor benefits will be equally distributed between contingent beneficiaries only if all primary beneficiaries are deceased.

#### MILITARY DUTY IMPORTANT REMINDER:

Continued disability coverage is provided for our members called to military duty or training during membership, along with continued survivor benefit coverage for their beneficiaries (§38-102). If called to military duty or training during membership, member or coordinator should file a Form-46 Notification of Military Service Entry. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21 Advise member returning from military duty to submit Form-43 *Claim of Retirement Credit for Military Service* upon their return. See page 19 for more information.

Spouse Law Death Benefit: A monthly lifetime benefit paid to the spouse named as the sole primary beneficiary of an Employees, Teachers or Correctional Officers member who was active on payroll or on an approved leave of absence, was eligible to retire at time of death or met spouse law age/service requirements prior to death.

### SPECIAL INSTRUCTIONS

Form must be notarized. Must provide complete address for each individual listed on form.

MySRPS May designate a new beneficiary electronically through MySRPS secure portal

Enrollment: Members must submit their initial designation form to their coordinators to be properly enrolled.

Updates: Members may change their designations at any time without coordinator assistance.

Coordinators should periodically remind members to update their beneficiaries, when:

- Family composition changes- marriage, birth, adoption, divorce, death...
- Returning after a leave of absence
- Changing health insurance coverage
- Military deployment
- Retirement

Retirement: Prior designations of beneficiaries do not carry forward from a member account to a retirement benefit. Retiring members must designate beneficiary(ies) on the retirement application, or by submitting a new Beneficiary Form with their retirement application if they are designating more than one beneficiary.

At retirement, complete Beneficiary Form ONLY if selecting basic payment allowance or optional payment allowances 1 or 4 to designate multiple beneficiaries. Retirees submit Form 4 directly to MSRA to update beneficiaries. **IMPORTANT**: If retired under OPTION 2, 3, 5 or 6, designate sole beneficiary on the retirement application. Retiree must complete a Form 66 to initiate a beneficiary change.

If retiree applicant chooses the Basic allowance and names more than one (1) beneficiary, advise applicant to consider Option 1 or 4 which may provide a larger lump sum payment to listed beneficiaries. Advise member to contact a SRA retirement specialist to discuss payment allowance options.

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**FILING DEADLINE:** Must be received at the retirement agency before the death of the member or retiree. Faxed forms are accepted if the notary seal is clearly visible.

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## OPTIONAL RETIREMENT PLAN

Eligible institutions include: University System of Maryland, Morgan State University, St. Mary's College of Maryland, Community Colleges, and the Maryland Higher Education Commission.

**IMPORTANT:** An employee must make their election to join the Optional Retirement Program no later than the commencement of their employment. An employee who signs the form even one day after the start of their employment will be denied their election and must instead be enrolled and reported as a member of the Pension System.

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p><b>Form 60 Election Not to Participate - Institutions of Higher Learning-</b>Member signs the form to elect <i>not</i> to participate in the MSRPS, to waive all rights to MSRPS benefits and to acknowledge that their election is final and irrevocable.</p> <p>Coordinator certifies professional classification and eligibility for option.</p> <p><b>Optional Retirement Plan Contract-</b>Indicates member's optional retirement plan.</p> <p><b>Community Colleges: Certification of Professional Position for Optional Retirement Program</b> - College president certifies position to be a professional position eligible to elect ORP participation. Must be signed by college president.</p> <p><u>MSRPS Contributions:</u> Contributions made in error after ORP enrollment <u>must</u> be refunded to the member by the employer.</p>	<p>Must be notarized.</p> <p>Membership in MSRPS is mandatory unless an eligible employee selects the Optional Retirement Plan (ORP) at commencement of employment (Title 30).</p> <p><u>Eligible Members:</u> Members are eligible based on where they work and the nature of their classifications. Only individuals in ORP eligible positions that have <u>never</u> been a <u>MSRPS member</u> as an employee of State or ORP employing institution may have an election to join prior to commencement of employment.</p> <p><u>Option Selection:</u> Eligible employees must elect to join the ORP at commencement of employment.</p> <p><u>CAUTION:</u> Once an eligible employee selects ORP, they <u>cannot</u> change their election to enroll in MSRPS.</p> <p>The option to participate in an alternate retirement plan is <i>final, binding and irrevocable</i> as long as the individual is an employee in an ORP eligible position of an institution of higher learning which permits such an option.</p>

**FILING DEADLINE:** Must elect to join at commencement of employment.

## OPTIONAL MEMBERSHIP – Appointed and Elected Officials

Membership is optional for certain officials elected and appointed for a fixed term if they were elected or hired on or after July 1, 2015 as set forth in Section 23-204, State Personnel and Pension Article, Annotated Code of Maryland. These individuals must elect to participate in the Employees' Pension System on or before their effective date of participation. To elect not to participate, the elected or appointed official must complete the following form:

### **Form 60.15 Election Not to Participate- Fixed Term Elected or Appointed Official**

Their decision is a one-time irrevocable decision.

## TERMINATING EMPLOYMENT CHECKLIST

Coordinators should encourage members to view videos on MSRA website and discuss the following points with MSPRS members leaving employment:

- ☐ Membership in the MSRPS ends if the member:
  - Is separated from employment for more than four years (Teachers' Retirement Plan 5 years)
  - Withdraws his or her accumulated contributions, if any
  - Retires
  - Dies
- ☐ Vested- refers to the right of a member separated from MSRPS employment to a future retirement benefit payable at plan's normal retirement age for the years and service earned before termination. MSRPS members enrolled prior to 7/1/11 are vested after accumulating at least 5 years of eligibility service. Members enrolled on or after 7/1/11 are vested after accumulating at least 10 years of eligibility service.
  - ☐ To determine if they are vested, encourage members (enrolled before 7/1/11) with over 3 years of creditable service or members (enrolled after 7/1/2011) with over 8 years of creditable service to contact MSRA before they withdraw their accumulated contributions.
  - ☐ Advise vested members terminating employment to keep their name, address and beneficiary information updated with the retirement agency.
- ☐ Are they eligible to retire? Retirement eligibility for all systems may be found in system PLAN SUMMARIES.
  - ☐ Members at normal retirement age or older terminating employment, will not get a greater benefit if they delay retirement.
  - ☐ If a member terminates employment when they are 70 ½ years of age or older, per IRS regulations, retirement is mandatory. Active members on payroll do not have to retire at 70 ½ years of age.
- ☐ Disability: If eligible, member has up to 4 years (Teachers' Retirement Plan 5 years) after paid employment ends to apply a claim for ordinary or accidental disability benefits if they did not withdraw their contributions. Accidental claim must be based on an accident occurring within the past five (5) years of the claim (EXCEPT State Police Retirement System, Correctional Officers' Retirement System or LEOPS Members).

Non-vested members, not of retirement age ☐, who separate from employment ☐, who are not eligible for a future retirement benefit ☐ and are not intending to return to employment with a participating employer ☐, should complete a Form 5 packet to withdraw or transfer their contributions.

Coordinators provide the Application for Withdrawal of Accumulated Contributions Package to non-vested members terminating employment. The withdrawal package includes:

- ☐ Form 5 Withdrawal of Accumulated Contributions- *must be notarized*
- ☐ Form 193 Trustee to Trustee Distribution form (only if they are rolling over their contributions)
- ☐ Special Tax Notice Regarding Plan Payments
- ☐ MSRPS Plan Benefit Summaries

**An individual who withdraws his or her accumulated contributions and interest, forfeits all service credit and the right to a future benefit. Withdrawing contributions ends an approved leave of absence and processing of disability claim. Contributions stop earning interest after membership ends.**

## VESTED RETIREMENT BENEFIT

Vested – A member, separated from MSRPS employment, has a right to a future retirement benefit payable at normal retirement age for the years and service earned before termination. The minimum years of service required to be vested:

- 5 years enrolled prior to 7/1/11;
- 10 years after 7/1/2011.

At normal retirement age, former member completes the service or early retirement forms to receive a benefit. No additional form is required. See RETIREMENT on page 28.

Member is responsible for informing retirement agency of any subsequent address changes to ensure delivery of benefits when they are due.

Coordinator section is not needed to collect a vested benefit. Unused sick leave is not included in a vested benefit.

Retirement date will be the first of the month after the application is received (separated after 10/3/2011).

## UPDATING MEMBER INFORMATION

**Accurate reporting of the home address is important because it is used to distribute the Personal Statement of Benefits to all active members, and to contact inactive members**

### **Address or Name Changes**

Active members: Address or name changes are made through regular payroll data submissions.

Inactive members (i.e. not on payroll) must notify MSRA in writing of address or name changes. For name changes, include a copy of marriage certificate or court order. Member's social security number or member identification number should be included on any change of address or name correspondence.

## INACTIVE MEMBERS

Inactive notices are sent to members whose payroll data is incomplete or has not been received by the SRA.

**Employer Reporting Errors:** Employers are responsible for determining the cause when an actively employed member receives an inactive letter by reviewing payroll records and enrollment forms.

There are numerous Administrative errors that may occur causing a member not to be active in our System such as :

- No payroll information is being reported to the retirement agency,
- Payroll is being reported under the wrong social security number, or
- Enrollment forms were submitted under the wrong social security number.
- **STATE AGENCIES:** Check Workday - Maryland Statewide Personnel System.

**MILITARY DUTY IMPORTANT REMINDER:** Continued disability coverage is provided for our members called to military duty or training during membership, along with continued survivor benefit coverage for their beneficiaries (§38-102). If called to military duty or training during membership, member or coordinator should file a Form-46 Qualified Leave of Absence Request or Notification of Military Service Entry. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21



## REFUNDS

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p><b>Form-5 Application for Withdrawal of Accumulated Contributions</b> – Member or former member terminated from employment completes form to withdrawal or transfer employee accumulated contributions and interest.</p> <p>Applicant may not be employed by the State or any participating employer to withdraw accumulated contributions.</p> <p>Contributions reported in error to MSRPS must be refunded to the member by the employer.</p> <p>The Withdrawal Package includes Form 5 Withdrawal of Accumulated Contributions- <i>must be notarized</i>; Form 193 Trustee to Trustee Distribution form (only if they are rolling over their contributions); Special Tax Notice Regarding Plan Payments; and MSRPS Plan Benefit Summaries.</p>	<p>Must be notarized. Must be signed by the retirement coordinator unless the individual has been off payroll more than <u>six</u> months.</p> <p>Ensure the resignation/termination date is accurate.</p> <p><b>Advise members that they forfeit all future benefits, including disability benefits when they withdraw contributions.</b></p> <p>Withdraw of contributions terminates any approved leave of absence period.</p>
<p><b>Form-742 Application for Withdrawal of Voluntary Funds</b>-Withdrawal of voluntary contributions with interest.</p>	<p>Must be notarized. Voluntary funds can be withdrawn only at the time of retirement, termination or death. If applicable, MSRA will notify member they are eligible for a refund and send the form directly to the member.</p>
<p><b>Form-744 Election of Disposition of Voluntary Funds</b></p>	<p>If applicable, MSRA will send the form directly to the member.</p>
<p><b>FILING DEADLINE:</b> Refund applications received after the 10<sup>th</sup> of the month will not be processed until the following month. Applications may not be processed during the month of July.</p> <p><b>Allow up to <u>90 days</u> after date of receipt of a properly completed application or date of termination/resignation for refund payment.</b> Refunds are processed in the order properly completed forms are received.</p> <p>Returned refund checks take 45-60 days to re-credit and reprocess.</p>	

## SERVICE CREDIT PACKET

The following forms and documents are provided to members by coordinators to assist members in transferring service credit from another system or plan, claiming credit for military service, purchasing service or making corrections through payroll adjustments.

Advise members to contact MSRA to review their account and discuss service credit.

To transfer service credit between MSRPS systems and plans. Also must be completed to transfer credit from an eligible non-participating employer:

- ☐ Form 37 Request to Transfer Service
- ☐ Form 37.37 Election to Combine E/T Pension System Service

To transfer service credit from an eligible non-participating employer, redeposit withdrawn state funds or municipal retirement system, purchase service credit not already in their account or purchase credit for an approved leave of absence:

- ☐ Form 26 Request to Purchase Previous Service

To claim military service prior to or during membership:

- ☐ Military Service Guide
- ☐ Form 43 Claim of Retirement Credit for Military Service

To request MSRA approval of an employer approved leave of absence or notify MSRA of entry into military service:

- ☐ Form 46 Qualified Leave of Absence Request or Notification of Military Service Entry

Payroll Adjustments:

State employers coordinate payroll adjustments with Central Payroll

PGU employers' payroll staff or coordinators use the following forms to adjust payroll data previously submitted, such as salary, hours worked and/or contributions:

- ☐ Form 714 Prior Period Payroll Adjustment Form
- ☐ Remittance Reconciliation Form
- ☐ Revenue Control Transmittal

## SERVICE CREDIT TYPES

**Creditable Service:** Service credit for each day worked and required contribution received. Credit used in the calculation of the allowance that determines the dollar amount of the member's benefit.

**Eligibility Service:** Service credit that determines the member's eligibility for a benefit. Pension Systems: Members earn one (1) year of eligibility service during any fiscal year they work at least 500 regular hours, excluding overtime. Retirement Systems: Creditable and eligibility credit are the same

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## PAYROLL ADJUSTMENT

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p><b>State Agencies:</b> Must send a memo or letter to Central Payroll and MSRA to correct payroll, member contributions and employer subsidy. Please coordinate with Central Payroll and MSRA Payroll Division. Contact MSRA Payroll Manager 410-625-5581</p> <p><b>Form 714 Prior Period Payroll Adjustment-</b> Permits participating governmental unit employers to report additions, deletions and changes to payroll records previously submitted to the retirement agency.</p> <p><b>Remittance Reconciliation Form-</b> Properly credits the member's account if the missed contributions are paid through payroll deductions. This form tells MSRA the amount of money employer is remitting based upon the current pay period and based upon any adjustments to current or prior payroll data reported.</p> <p><b>Revenue Control Transmittal-</b> This form lists the applicable pay period ending date, employer agency code, and the proper system to apply the contributions. This form also lists the type of payment, i.e., employee contributions or employer contributions.</p>	<p>Begin payroll deductions and reporting hours for eligible employees as soon as they are hired. <u>Do not wait for the <i>Application for Membership</i> (Form 001) to be completed before submitting payroll records to MSRA.</u></p> <p>Complete a Form 714 to correct a prior pay period record.</p> <p>Submission of the Form 714 that results in contributions owed will result in a bill being generated by MSRA to the member.</p> <p>Contact MSRA Payroll Manager 410-625-5581 <u>before</u> making any electronic retroactive changes to members' accounts.</p> <p>Contact our Data Control Division with any questions or concerns related to retirement payroll reporting.</p> <p>NOTE: Minimum standard hours for a full-time position cannot be less than 30 hours per week for a teacher or ten month employee or 35 hours per week for a 12 month employee.</p>
<p><b>FILING DEADLINE:</b> Employer will either be billed or refunded employer subsidy. Payment for any missed member contributions can be made at <i>any time</i> during an employee's membership. However, interest is applied at the end of the each fiscal year.</p>	

## CONTRIBUTION DEFICIENCIES

Missed contributions or payroll reporting errors may result in an account deficiency. A deficiency is the difference between the contribution amount received and the amount expected; plus interest.

**Personal Statement of Benefits (PSB) -** Contribution deficiency will show in the account balance section.

**Notice of Cost-** Sent to member by MSRA if a transfer between systems causes a deficiency.

Member may send a copy of latest PSB or Notice of Cost with a check payable to Maryland State Retirement Agency.

or

If latest statement is not available, ask member to write to retirement agency requesting a bill for the deficiency.

**FILING DEADLINE:** Member may pay their deficiency with interest at any time prior to retirement. If the deficiency is not paid before the member retires, the retirement allowance will be actuarially reduced to reflect the deficiency.

## MSRPS TRANSFER CREDIT

### TRANSFERRING CREDIT WITHIN MSRPS SYSTEMS

**FORM 37 Request to Transfer Service** – Transfers service credit between different MSRPS systems and plans; and for municipal transfers.

New enrollment forms are required when membership begins in a different plan or system. See ENROLLING NEW MEMBERS on page 9

**Form 37.37 Election to Combine within the Employees' or Teachers' Pension System** – Combine prior Employees or Teachers' Pension System service credit into Reformed Pension System. (§23-303.1)

Advise members to contact MSRA to discuss transfer rules, options and plan differences such as benefit allowance, retirement eligibility, contribution rate, vesting and any other transfer factors.

Retirement coordinator at current job completes the bottom of the form.

Review the transfer provisions on the back of the Application for Membership (Form 1) with all members indicating prior MSRPS membership. Advise members to contact MSRA to discuss transfer rules/options.

Employee must go directly from one job to the next, without a break in service greater than 30 days in order to transfer credit (Title 37).

Special rules apply if there was a break in service between/within the Employees' and Teachers' Pension system (Title 23).

Additional employee contributions are due on transferred credit if the new system/plan required a higher employee contribution during the years to be transferred.

**Members do not need to file a Form 37 if they will remain in the same system and plan.**

**FILING DEADLINE:** Member must apply for the transfer of the credit within one year of state membership in new plan or system to receive credit. Special rules apply if there was a break in service. Election to Combine within the Employees' or Teachers' Pension System may be done one year after completing Form 37.37.

## MUNICIPAL TRANSFER CREDIT

### TRANSFERRING CREDIT FROM ANOTHER LOCAL GOVERNMENTAL RETIREMENT or PENSION SYSTEM TO MSRPS

Examples of eligible non-participating employers are: Baltimore City Government, Baltimore County Government, Anne Arundel County Government, and Montgomery County Government.

**Form-26 Request to Purchase Previous Service**

1. Previous retirement system certifies municipal membership to be transferred.
2. Transfers service credit from a Maryland eligible non-participating municipal retirement system to the MSRPS system (Title 37).

**FORM-37 Request to Transfer Service**

Bottom is completed by the member's current employer.

Member forfeits any benefit from former municipal retirement system.

Advise members to contact MSRA to discuss transfer rules/options.

Employee must go directly from one job to the next, without a break in service greater than 30 days, in order to transfer credit.

Additional employee contributions are due on transferred credit if the new system/plan required a higher employee contribution during the years to be transferred, or a deficiency will be on the members' account.

Out-of-state municipal or federal employment is not eligible for transfer but may be purchased at retirement at full cost.

**FILING DEADLINE:** Member must apply for the credit, and if applicable, the transfer of funds must occur within one year of state membership to receive credit. Otherwise, member must wait until retirement to purchase the service at full cost.

## MILITARY CREDIT

### **Form-43 Claim of Retirement Credit for**

**Military Service** – (Title 38). Provides retirement credit for up to five years of U.S. Military service before membership and up to 5 years credit if military service interrupts membership. Maximum 36 months for National Guard Service or U.S. armed forces reserves).

May not claim credit for military service eligible for any other pension system benefit (except disability payments).

Member may purchase at normal cost additional service credit for “war zone” military service.

Advise members to contact MSRA with questions about claiming military credit.

Application must include separation papers to verify entrance and discharge dates (DD 214 or equivalent).

- If duty interrupts membership, member must return to the system within one year of discharge and cannot accept other permanent employment in the interim.
- If duty precedes membership, must have 10 years of creditable service in the MSRPS system to claim military time.

NOTE: If called to military duty or training during membership, member or coordinator should file a Form-46 Qualified Leave of Absence Request or Notification of Military Service Entry. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21.

Do not withhold contributions from differential pay.

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**FILING DEADLINE:** Prior to termination of membership or retirement.

## NORMAL COST SERVICE PURCHASE

### NORMAL COST PURCHASES

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p><b>Form-26 Request to Purchase Previous Service</b> – Used by members of the Retirement System and Pension System to purchase past membership credit, usually for missed contributions such as a MSRA approved leave of absence, delayed enrollment or contributions previously withdrawn from MSRPS.</p>	<p>Must complete a separate form for each employer.</p> <p><b>Member pays missed contributions plus interest to-date of purchase.</b></p> <p>Member can <u>not</u> make a partial purchase.</p>
<p><b>FILING DEADLINE:</b> May purchase credit at any time during membership or while on an SRA approved leave of absence, prior to termination of membership or retirement. Advise members to contact MSRA to discuss service purchase rules/options.</p>	

## FULL COST SERVICE PURCHASE

### FULL COST PURCHASES (Retirement and Pension Systems)

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p><b>Form-26 Request to Purchase Previous Service</b> – Used upon retirement for purchases of creditable service including: out-of-state, public, or non-public teaching; federal employment; and service with a non-participating municipality. For Retirement System members, it would also be used for the purchase of prior membership service.</p> <p><b>Member pays the cost to fund the benefit the additional purchased service will provide. Credit is not awarded unless payment is made.</b></p>	<p>Must complete a separate form for each employer.</p> <p>Forward the Form-26 to the appropriate employer to verify the employment period. Completed Form-26 is forwarded to the retirement agency by former employer.</p> <p>Service not verified cannot be purchased.</p> <p>May purchase a minimum of 1 month &amp; a maximum of 10 years of service credit.</p>
<p><b>FILING DEADLINE:</b> Purchases may be made only in the 12-month period preceding retirement. Purchase must be made while member is active on payroll or while on an SRA Approved Leave of Absence; prior to retirement. Advise members to contact MSRA to discuss service purchase rules/options.</p>	

## APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION

View Leave of Absence video on MSRA website.

### **Form-46 Qualified Leave of Absence Request or Notification of Military Service Entry**

– Application for a qualifying employer approved leave of absence (LOA) for a maximum of two years provides survivor benefit coverage and the ability to purchase additional service credit while on an MSRA approved LOA (COMAR 22.05.01.03).

COMAR 22.05.01.02 defines the legally acceptable reasons for a MSRA qualifying leave of absence, such as:

- *Member's* personal illness
- Birth of a child or adoption (Maternity/Paternity)
- Career-related study

FMLA for a family member is not a MSRPS pension qualifying leave of absence.

Non-contributory members continue to earn service credit. Contributory members may purchase MSRA approved LOA time upon their return to work in the same system; before retirement; or if they do not return to work, within 60 days of LOA expiration (§22-303.1, 23-304.1, 24-304.1, 25-304.1, 26-306).

### **Notification of Military Service Entry**

Notifies MSRA member has been called to military service.

Encourage all Employees', Teachers', Correctional Officers', State Police and LEOPS' members before beginning a leave without pay status for 30 days or more, who meet the qualifying types of leave to complete a Form 46.

Must be employer approved.

If member is unable, employer completes the Form 46 on behalf of the member. Employer must submit documentation confirming member is unable to complete form.

*Intermittent Leave*: Intermittent leave may not qualify as a leave of absence for purposes of retirement. A Leave of Absence Form 46 does not need to be completed for any month a member was paid by the employer for time worked.

*Return to Work*: Advise members to submit a *Request to Purchase Previous Service* (Form 26) upon returning to work in the same system from an approved leave of absence.

For more information view Leave of Absence video.

Advise military service member they or their beneficiary may be eligible during their absence for a disability or death benefit (§38-102). Advise member returning from military duty to submit Form-43 *Claim of Retirement Credit for Military Service* upon their return. See page 19 for more information.

**FILING DEADLINE:** Prior to unpaid leave of absence. MSRA Executive Director has limited authority to waive the filing period requirements.

## PURCHASING CREDIT - QUALIFIED APPROVED LEAVE OF ABSENCE

**Form-26 Request to Purchase Previous Service** – (§23-304.1) Enables members to purchase approved leave time.

To be eligible to purchase time on leave, member must have filed Form-46 prior to beginning of leave. If leave period was prior to 1/1/74, no Form-46 was required.

Advise members to submit a *Request to Purchase Previous Service* (Form 26) upon returning to work from an approved leave of absence.

**FILING DEADLINE:** Prior to termination of membership or retirement. May purchase time within 60 days after the approved leave of absence term expires. The MSRA Executive Director may for good cause extend the period of time service credit may be purchased to allow the member to be eligible to file an ordinary disability retirement claim.

## DISABILITY RETIREMENT PACKET

Coordinators provide the following documents or forms to members filing for ordinary, accidental or special disability benefits. Encourage members to view Disability videos on website.

**Disability:** Member is permanently and totally disabled from performing their job duties. Ordinary Disability: Must have 5 years of eligibility service. Accidental: No service minimum. Claim must be filed within 5 years of accident (Except State Police, CORS and LEOPS) NOTE: If the disability is not permanent, the claim must be reviewed if a disability retiree returns to the same job or a job with the same job duties they were previously found unable to perform.

The member is responsible for the submission of forms and materials to the Maryland State Retirement Agency (MSRA) within time frames stated on forms and request letters. **Claim will be closed if the member does not diligently pursue the claim.**

☐ Disability Retirement Pamphlet

**Service Retirement:** A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim. **Retirees are not eligible to file a disability claim.**

**Leave of Absence:** Members on an unpaid approved leave of absence should file Form 46 Qualified Leave of Absence Request. May purchase leave of absence time within 60 days after the approved leave of absence term expires in order to be eligible to file an ordinary disability retirement claim. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21.

### **Step One: Filing Disability Claim**

- ☐ Form 129 Preliminary Application for Disability Retirement\*
- ☐ Form 20 Statement of Disability
  - ☐ Form 20 Section THREE Physician's Medical Report
  - ☐ Last three years of primary care physician and pertinent medical records

The Statement of Disability (Form-20) **and** the Preliminary Application for Disability Retirement (Form-129) must be properly completed and submitted to the retirement agency to begin a claim.

- ☐ Application for an Estimate of Disability Retirement Allowances \*\*
  - ☐ Form 21A Employees, Teachers & Correctional Officers
  - ☐ Form 22 State Police ☐ Form 100 LEOPS

Retirement Coordinators must complete and submit the following forms and documents:

- ☐ Form 20 Section TWO Retirement Coordinator/Employer
- ☐ Applicant's job description (signed by employer)
- ☐ Applicant's use of sick, accident and other leave usage (Note if not available)
- ☐ Applicant's performance appraisals (Note if not available)
- ☐ Employer's first report of injury or other employer accident reports (if applicable)

Members applying for accidental disability benefits submit the above items as well as the following:

- ☐ Accident documentation and medical evidence to show that the accident was the direct cause of the disability;
- ☐ Employer's first report of injury; and
- ☐ Copies of Workers' Compensation awards.

For special/accidental disability claims, state police and LEOPS members also must submit:

- ☐ Evidence that the disability arose out of, or in the course of, the performance of duty.

**Step Two: Apply for Retirement** If approved; member must apply to retire no later than 120 days by completing the retirement package to accept disability. State employees will be considered resigned COMAR 17.04.03.16E

\* notarized      \*\*estimates are only sent to members approved by the BOT for disability retirement



## DISABILITY RETIREMENT – TERMINAL ILLNESS

### TERMINAL ILLNESS

Alert the retirement agency immediately when a terminal case is involved. We will then assign the claim priority status when the application arrives. To notify the retirement agency of a terminal case, please contact the Secretary of the Medical Board at 410-625-5523.

Other documentation will be needed to determine eligibility for accidental benefit.

#### FORMS & FUNCTIONS

**Physician's Statement** – Statement of member's diagnosis and prognosis (terminal status).

**Form-129 Preliminary Application for Disability Retirement** - Authorizes the Board of Trustees to pay a disability allowance if the claimant is approved for a disability retirement, is off payroll, and dies before submitting Form 13-23.

Goes into effect when the claim is approved and expires on the retirement date.

#### SPECIAL INSTRUCTIONS

Fax physician's statement of the member's terminal status and form 129 to the Disability Unit (410) 468-1659.

Claimant must select either option 1 or option 2. Member cannot write-in any other option. Beneficiary information must be completed if option 2 is selected.

Notary Reminders: The date the form signed by the member and date notarized must be the same date. The document is not legally binding if the notary did not actually witness the signature; or if there are any cross-outs or changes.

Active death benefit will be paid if member is on payroll the date of death.

**Job Description** - Medical Board evaluates the claim in relation to the individual's job duties. Must be signed by employer.

## DISABILITY RETIREMENT- FILING DEADLINE

Members cannot file for disability indefinitely. Applicants are subject to the following time limits:

- Teachers' Retirement System: five (5) years after paid employment ends.
- Other systems (except Judges' or Legislative): four (4) years after paid employment ends.

Membership ends when contributions and interest are withdrawn, member dies or retires. Withdrawn members are not eligible to file for disability. **Deadline Extension:** Contact retirement agency.

## DISABILITY RETIREMENT-EMPLOYER FILED

If the member is unable to apply, the following individuals may file on the member's behalf:

- Teachers' System: Member's state or county superintendent of schools;
- State Police: The Secretary of the State Police (if member is unable or refuses to apply for disability retirement).
- Other Systems: Member's appointing authority or department head.

The employer completes and signs the Statement of Disability (Form-20), the Preliminary Application for Disability Retirement (Form-129), and the final retirement application (Form-13-23). The last designation of beneficiary Form 4 will determine beneficiary and option selection. (COMAR 22.06.02.03)

## DISABILITY RETIREMENT- SURVIVING BENEFICIARY

Surviving beneficiary may be eligible to apply for a benefit if member dies within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form and affidavit of signature within 30 days of member's death. Beneficiary should contact the retirement agency for filing instructions (§29-103).

## DISABILITY RETIREMENT CLAIM APPLICATION

The review process averages two to four months; accidental claims take longer.

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
The Statement of Disability (Form-20) <u>and</u> the Preliminary Application for Disability Retirement (Form-129) must be properly completed and submitted to the retirement agency to begin a claim.	
<b>Form-129 Preliminary Application for Disability Retirement</b>	See special instructions for DISABILITY RETIREMENT – TERMINAL ILLNESS.
<b>Form 20 Statement of Disability-</b> <ol style="list-style-type: none"> <li>1. Applicant/Member Section One</li> <li>2. Retirement Coordinator Section Two</li> <li>3. Physician's Medical Report Section Three</li> </ol>	All applicant, coordinator and physician sections must be completed.
<b>Physician's Medical Report</b> (Form 20 - 3) <b>Primary Care Physician Medical Record</b> <b>Other Pertinent Medical Records</b>	Physician report must be completed and signed by treating physician regardless of other documentation submitted. See list on page 6. Please submit last <u>three</u> years of primary care physician and other pertinent medical records
<b>Job Description</b> - Medical Board evaluates the claim in relation to the individual's job duties.	Must be signed by employer. The claimant must be deemed completely and permanently unable to perform his or her job to qualify for disability.
<b>Leave Usage Report and Performance Evaluations, if available</b>	Employer provides leave usage (w/ leave code explanation) and performance evaluation within the last year, if available. Note if not available. Upon Request.
<b>Other Employer Documents</b>	
<b>Form 21A, 22, 100- Disability Retirement Allowances Estimate Application</b>	Prepared/sent to members approved by the Board of Trustees for disability retirement (approx. 3-4 weeks)

## DISABILITY RETIREMENT-ACCIDENTAL

Must be filed with or prior to ordinary claim unless the injury occurs after an ordinary claim is filed. Claim must be based on an accident occurring within the past five (5) years of the claim (EXCEPT State Police Retirement System, Correctional Officers' Retirement System or LEOPS Members). All claims are evaluated for ordinary disability if they have five years of eligibility service credit.

<b>Employer's First Report of Injury and any Workers' Compensation Awards –</b> Workers' Compensation benefit may have an impact on accidental disability retirement benefit.	Accidental Disability claims only. Notify retirement agency if disputing facts of the incident.
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## DISABILITY - WORKERS' COMPENSATION

**IMPORTANT NOTE:** Instruct the member to contact the Retirement Agency to discuss impact of Workers' Compensation benefits on an accidental disability retirement.

Disability benefits are "coordinated" with benefits payable from Workers' Compensation. Retirement law may require the Retirement Agency to withhold an amount equivalent to the Workers' Compensation award if the Workers' Compensation benefits and disability benefits are based on the same event and are paid for the same period of time.

Retirees receiving an accidental disability retirement must notify the Retirement Agency in writing if additional Workers' Compensation awards are received.

The Retirement Agency may not offset a retirement allowance for Workers' Compensation benefits that are health insurance premiums, reimbursements for legal fees, medical expenses or other payments made to third parties and not to the retiree.

The offset described above does not apply to Employees' Pension System retirees who receive a disability retirement benefit as a former employee of a county board of education, the Board of School Commissioners of Baltimore City, or a participating governmental unit or a designated beneficiary.

## DISABILITY RETIREMENT- EMPLOYER NOTIFICATION

The retirement agency shall notify retirement coordinators at three key disability claim "milestones":

- (1) General Claim Letter: All documents received and the Medical Board will review the claim.
- (2) Claim Closed Letter: Claimant failed to diligently pursue the claim or failed to accept retirement. The member may file a new disability claim if they are eligible to apply.
- (3) BOT Claim Approval/Denial Letter: The Board of Trustees approved or denied a disability retirement benefit.

## DISABILITY RETIREMENT-DATE

The effective date of retirement is the later of the first day of the month:

- a) following the last day on payroll, as certified by the applicant's employer;
- b) after **Statement of Disability and Preliminary Application for Disability Retirement** received;
- c) of the date on the **Application for Disability Retirement**. If left blank, the retirement agency will provide the earliest possible date.

The effective date of retirement may not be later than 120 days from the date of the Disability Unit's notice to the applicant. Contact MSRA if applicant was on a leave of absence or purchased service.  
COMAR 22.06.05.06

## RETIREMENT PACKET

Coordinators recommend members:

- ☐ View MSRA website for videos, forms, benefit estimator, newsletters and other resources
- ☐ Attend a MSRA sponsored pre-retirement seminar (1-8 years prior to retirement)
- ☐ Apply for service credit (Form 26)
- ☐ Claim military service credit (Form 43)
- ☐ Schedule an appointment with a MSRA retirement specialist, if member has benefit questions

Disability Retirement: Retirees are not eligible to file a disability claim. A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim.

Coordinators provide the following form within 12 months of member being eligible to retire:

- ☐ Application for an Estimate of Service Retirement Allowance (*optional*)
  - ☐ Form 9 Employees, Teachers & Correctional Officers
  - ☐ Form 10 State Police
  - ☐ Form 97 LEOPS

Coordinators provide the following forms and documents for members to file two months prior to retiring:

- ☐ Retirement Checklist pamphlet
- ☐ Guide to Choosing an Option for...pamphlet

The following forms and materials must be submitted to the Maryland State Retirement Agency (MSRA):

- ☐ Application for Service/ Disability Retirement \*  
State employees only: Coordinators highlight for emphasis #7 of instructions
  - ☐ Form 13-023 Employees, Teachers & Correctional Officers\*
  - ☐ Form 14-024 State Police\*
  - ☐ Form 98-101 LEOPS\*
- ☐ Designation of Beneficiary\* (If *Basic, Option 1 or Option 4 is selected*)
  - ☐ Form 4 Employees, Teachers, Correctional Officers, LEOPS, State Police\*
  - ☐ Form 4.1 Judges\*
  - ☐ Form 55 Legislative\*
  - ☐ MySRPS secure portal
- ☐ Form 85 Direct Deposit-Electronic Fund Transfer Sign-up Form
- ☐ Form 766 Federal and Maryland State Tax Withholding Request
- ☐ Form 143 Verification of Retiree's Disabled Child (*if applicable*)
- ☐ Form 703 Option Waiver\* – to change option before 1<sup>st</sup> check paid

In addition, Coordinators assisting State Police and LEOPS members provide the following forms and documents to apply for Deferred Retirement Option Program:

- ☐ Form 756\* State Police & 504\* LEOPS Deferred Retirement Option Program (DROP)
- ☐ Form 506 State Police & 507 LEOPS Binding Letter of Resignation

At the end of DROP participation, the member completes and submits to the Maryland State Retirement Agency:

- ☐ Form 757 State Police & 505 LEOPS Application for Withdrawal of DROP Account
- ☐ Form 757.2 State Police & 505.2 LEOPS Election to Terminate DROP
- ☐ Reemployment form

\* must be notarized

## ESTMATE REQUEST FOR SERVICE or EARLY RETIREMENT ALLOWANCE

### FORMS & FUNCTIONS

#### Application for Estimate of Service

**Retirement Allowances** - Provides an estimate of the monthly payments the retiree would receive for each of the available MSRPS allowance options.

- **Form 9** Employees, Teachers, CORS
- **Form 10** State Police
- **Form 97** LEOPS

**NOTE:** Retirees cannot change their option selection after their first payment is paid.

The Retirement Agency acknowledges receipt of estimate applications with a post card to applicant.

### SPECIAL INSTRUCTIONS

- Completed within one year of retirement.
- Encourage eligible members to make an informed choice by requesting an estimate.
- Do not delay or prevent a retirement by requiring the member to request an estimate.
- If a beneficiary named, estimate reflects the Basic Allowance and all option allowances 1-6. If no beneficiary named, estimate reflects the Basic Allowance, Options 1 and 4 only.
- **SERVICE PURCHASE:** Attach Form 26 since it will affect dollar figures and Check "yes" to the question: "Do you plan to purchase any previous service for which you are eligible?"

**FILING DEADLINE:** No more than 12 months prior to retirement date. Estimates may take up to three months or longer to process.

The most recent Personal Statement of Benefits, a prior estimate, or information from the Maryland State Retirement on-line estimators are also helpful retirement resources.

**QUESTIONS?** Encourage members who have questions about their estimates to contact MSRA

### Retirement Allowance Options

Advise member to contact the retirement agency to discuss retirement allowance options.

**IMPORTANT: Retiree cannot change option after the first payment is due**

Retiree may select only one retirement allowance option.

**MARITAL STATUS** (State Police and LEOPS retirees only): Married State Police and LEOPS retirees must select the Basic Allowance and name the spouse as beneficiary. If not married, the State Police and LEOPS retirees may select any option.

**MULTIPLE BENEFICIARIES:** Basic Allowance, Options 1, or 4 allow for multiply beneficiaries.

**DUAL LIFE OPTIONS:** Option 2, 3, 5 or 6 Retiree can name only one beneficiary and must submit proof of birth for beneficiary. No contingent beneficiary (ies) may be named. **OPTION 2 OR 5:** The beneficiary cannot be more than 10 years younger than the retiree unless the beneficiary is the spouse or retiree's disabled child. To designate a disabled child under option 2 or 5, a completed Verification of Retiree's Disabled Child FORM 143 must be submitted with the retirement application

**HEALTH INSURANCE BENEFICIARY COVERAGE:** The State Retirement Agency does not manage retiree health benefits. Not all participating employers provide retiree health coverage. Contact the employer's health benefits division for information.

**State of Maryland employees:** If eligible, only Option 2, 3, 5 or 6 continue health program coverage for eligible surviving dependents (i.e., spouse, dependent children) after retiree's death. State Police and LEOPS surviving spouse receiving benefits have continued health coverage. Eligible surviving dependent must be named as the beneficiary. Contact employee benefits division at 410-767-4775 for eligibility and cost information.

**OPTION WAIVER** (Form 703): **Retiree cannot change option after the first payment is due.** Before first payment is due, retiree can change their allowance option selection by filing an Option Waiver (Form 703) with MSRA. Contact MSRA for form.

**QUESTIONS?** Contact the retirement agency to discuss retirement allowance options

## RETIREMENT APPLICATION

### APPLYING FOR RETIREMENT

#### FORMS & FUNCTIONS

##### **Application for Service or Disability**

**Retirement** - Initiates payment of retirement benefits based on selected allowance option.

- **Form 13-23** Employees, Teachers, CORS
- **Form 14-24** State Police
- **Form 98-101** LEOPS

Beneficiaries: Prior designations of beneficiaries do not carry forward from a member account to a retirement benefit. Retiring members must designate beneficiary(ies) on the retirement application, or by submitting a new Beneficiary Form with their retirement application if they are designating more than one beneficiary.

Beneficiary Form 4 (ONLY use for Basic payment allowance or optional payment allowances 1 or 4) Completed at retirement to designate multiple beneficiaries. Retirees submit Form 4 directly to MSRA to update beneficiaries. Or update beneficiaries on MySRPS secure portal

**IMPORTANT**: If retired under OPTION 2, 3, 5 or 6, designate sole beneficiary on the retirement application.

Retirees may change beneficiaries after retirement but not their allowance option. Retiree must complete a Form 66 to initiate a beneficiary change. The monthly allowance will be recalculated when beneficiary is changed for options 2, 3, 5 or 6.

**FILING DEADLINE (COMAR 22.01.14)**: To avoid payment delays, submit application 30 days prior to retirement date. Do not encourage members to file late. Do not delay submitting retirement paperwork to MSRA. Filing delays result in payment delays.

Retiring Upon Separation of Employment: MSRA accepts applications after their retirement date. Application must be properly completed and notarized within the month of retirement to retire the first day of the month; otherwise retirement date will be the first of the month after the application is received if retiree separated from employment after 10/3/2011.

Teachers: Applicant must be separated from employment as of June 30 and application must be received on or before September 15 for a July 1<sup>st</sup> retirement date. 10 month employees with a July 1<sup>st</sup>, August 1<sup>st</sup> or September 1<sup>st</sup> retirement date must have their application notarized on or before August 31<sup>st</sup> and received on or before September 15.

**DISABILITY RETIREMENT**: Must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

#### SPECIAL INSTRUCTIONS

Form must be sent to the Agency from the coordinator for active members.

Retiree can not be on payroll the date they retire.

For Option 2, 3, 5 or 6, proof of birth for beneficiary must be submitted. If Option 2 or 5 is selected, the beneficiary listed cannot be more than 10 years younger than the retiree unless the beneficiary is the spouse or retiree's disabled child.

Option Waiver (Form 703): **Cannot change option after the first payment is due.** Before first payment is due, retiree can change their allowance option selection by filing an Option Waiver (Form 703) with MSRA. Contact MSRA for form.

Include the job classification on the back of the form.

**Unused Sick Leave**: Coordinators are required to re-certify number of days of unused sick leave thirty (30) days after the member's actual retirement date, regardless of whether or not there are any changes. For more detailed instruction, See UNUSED SICK LEAVE section and checklists for retirement application.

**Reemployment After Retirement** - Explains the consequences of reemployment after retirement

## SERVICE RETIREMENT

### APPLYING FOR RETIREMENT (CONTINUED)

#### FORMS & FUNCTIONS

**Form-85 Direct Deposit Electronic Fund Transfer Sign-Up** - Provides for direct deposit of retiree's check to a bank, savings institution, or credit union. Cannot be paid to a third party (i.e. not retiree or beneficiary).

**Form-766 Federal and State Tax Withholding Request** - Allows retiree to designate how much federal and Maryland tax to have withheld from the retirement check.

#### SPECIAL INSTRUCTIONS

- Should be submitted at least one month prior to desired retirement date.
- Retirement checks must be direct deposited unless retiree lives outside of U.S. or has been approved by MSRA executive director for an undue hardship waiver.
- Should be submitted at least one month prior to retirement date. Withholding amounts can be changed at any time. Submitting a new form replaces previous withholding selections.

**FILING DEADLINE:** Should be filed with the Application for Service or Disability Retirement Form.

### UNUSED SICK LEAVE CREDIT

**Application for Service or Disability Retirement Section E. Unused Sick Leave** Retirees are entitled to receive creditable service for unused sick leave if the member retires on or before 30 days after the member is separated from employment (§ 20-206). Unused Sick Leave Credit Eligible Retirement Types: ordinary disability, early or service retirement

Unused sick leave: Leave available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

Unused sick leave cannot be used to qualify a member for retirement or reduce an early retirement reduction.

The Maryland State Retirement Agency calculates the creditable service for unused sick leave days.

Employer certifies the number of unused sick leave days.

Converting hours to days: Convert the number of unused sick leave hours to days by dividing hours by the standard full-time hours.

Standard Full-Time Hours: The standard full-time hours for State agencies and *most* MSRPS participating employers (PGU) is eight (8) hours. Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours. Part-time employees: Divide unused sick leave hours by standard full-time hours.

For detailed instructions, see Application for Service or Disability Retirement FORM 13-23 checklists in Forms section.

**FILING DEADLINE:** Retirement paperwork must be properly completed and notarized within 30 days after the member is separated from employment to receive creditable service for unused sick leave. 10 month employees with a July 1<sup>st</sup>, August 1<sup>st</sup> or September 1<sup>st</sup> retirement date must have their application notarized on or before August 31<sup>st</sup> and received on or before September 15.

Coordinator must report unused sick leave days *prior to* retirement date and recertify unused leave 30 days *after* the effective retirement date for all retirees regardless of type of retirement, system or whether there are any changes.

## UNUSED SICK LEAVE CREDIT CHART

Years of Service	Maximum UNUSED Sick Leave DAYS	UNUSED Sick Leave Days	Retirement Credit 10 month Teachers & Employees	Retirement Credit 12 Month Employees
0 - 1	0 - 15	1 - 10	0	0
1 - 2	16 - 30	11 - 32	1	1
2 - 3	31 - 45	33 - 54	2	2
3 - 4	46 - 60	55 - 76	3	3
4 - 5	61 - 75	77 - 98	4	4
5 - 6	76 - 90	99 - 120	5	5
6 - 7	91 - 105	121 - 142	6	6
7 - 8	106 - 120	143 - 164	7	7
8 - 9	121 - 135	165 - 186	8	8
9 - 10	136 - 150	187 - 208	9	9
10 - 11	151 - 165	209 - 230	10	10
11 - 12	166 - 180	231 - 252	10	11
12 - 13	181 - 195	253 - 274	10	12
13 - 14	196 - 210	275 - 296	11	13
14 - 15	211 - 225	297 - 318	12	14
15 - 16	226 - 240	319 - 340	13	15
16 - 17	241 - 255	341 - 362	14	16
17 - 18	256 - 270	363 - 384	15	17
18 - 19	271 - 285	385 - 406	16	18
19 - 20	286 - 300	407 - 428	17	19
20 - 21	301 - 315	429 - 450	18	20
21 - 22	316 - 330	451 - 472	19	21
22 - 23	331 - 345	473 - 494	20	22
23 - 24	346 - 360	495 - 516	20	23
24 - 25	361 - 375	517 - 538	20	24
25 - 26	376 - 390	539 - 560	21	25
26 - 27	391 - 405	561 - 582	22	26
27 - 28	406 - 420	583 - 604	23	27
28 - 29	421 - 435	605 - 626	24	28
29 - 30	436 - 450	627 - 648	25	29
30 - 31	451 - 465	649 - 670	26	30
31 - 32	466 - 480			
32 - 33	481 - 495			
33 - 34	496 - 510			
34 - 35	511 - 525			
35 - 36	526 - 540			
36 - 37	541 - 555			
37 - 38	556 - 570			
38 - 39	571 - 585			
39 - 40	586 - 600			
40 - 39	601 - 615			
41 - 42	616 - 630			
42 - 43	631 - 645			
43 - 44	646 - 660			
44 - 45	661 - 675			

Unused sick leave: Leave available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave. Unused sick leave cannot be used to qualify a member for retirement or reduce an early retirement reduction.

Employers certify all unused leave days and report unused sick leave days to the Maryland State Retirement Agency

Maryland State Retirement Agency determines unused sick leave retirement credit.

Retirees may receive creditable service for unused sick leave if the member retires on or before 30 days after the member is separated from employment (§ 20-206). (Retirement type: ordinary disability, early or service retirement). Retirees may receive one month of creditable service for each 22 days of unused sick leave reported. And an additional month if they have 11 or more days remaining. Retirees are allowed a maximum of 15 days of unused sick leave for each year of service credit.

Retirees with over 45 years of service and 670 days of unused sick leave may receive more unused sick leave credit unless they have reached their plans maximum benefit.



## DEFERRED RETIREMENT OPTION PROGRAM DROP PARTICIPATION

Confirm with DROP Administrator [mmyers@sra.state.md.us](mailto:mmyers@sra.state.md.us) or 410-625-5608 eligibility to participate in DROP. Participation eligibility is based on creditable service. See **System: LAW ENFORCEMENT OFFICERS PENSION SYSTEM (LEOPS)** and **System: STATE POLICE RETIREMENT SYSTEM (SPRS)**

	<b>LEOPS</b>	<b>State Police</b>
<b><i>Deferred Retirement Option Program* (DROP) Enrollment Package</i></b>	Form 504	Form 756
Notifies MSRA of intent to participate in DROP and duration of participation.		
Participation date is the same date as retirement date. Must be signed and dated by applicant in presence of a notary public.		
<b><i>Retirement Application</i></b>	Form 98	Form 14
Must be signed and dated by applicant in presence of a notary public.		
<b><i>Binding Letter of Resignation</i></b>	Form 507	Form 506
<b><i>Acknowledgement of Special Tax Notice</i></b>		

### **Beneficiary(ies) Proof of Birth**

**FILING DEADLINE:** 30 days prior to retirement date.

Payroll: STOP reporting hours and contributions after retirement date.  
Unused Sick Leave Credit: Adjust sick leave balance to remove unused sick leave reported to be applied to retirement benefit.

## DEFERRED RETIREMENT OPTION PROGRAM DROP Withdrawal

	<b>LEOPS</b>	<b>State Police</b>
<b><i>DROP Termination Package</i></b>	Form 505	Form 757
Notifies MSRA of intent to withdrawal		
<b><i>Election to Terminate DROP Participation</i></b>	Form 505.2	Form 757.2
<b><i>Special Tax Notice Regarding Rollovers</i></b>		
<b><i>Form 193 Trustee to Trustee Form for Rollovers</i></b>		

### **Form 85 Direct Deposit Form**

#### **Optional Forms:**

- Form 766 Tax Withholding Form
- Form 77 Change of Address
- Form 4 Beneficiary Form or MySRPS secure portal

**NOTIFICATION DEADLINE:** 30 days prior to termination date.

## ACTIVE DEATH BENEFITS

### **Form 28 Request for Certification of**

**Salary** - Certifies annual salary, total unused sick days of deceased and payroll information.

The Maryland State Retirement and Pension System provides valuable survivor benefits to members who die while:

- Active on payroll, including paid leave or leave without pay less than 30 days
- Qualified MSRA approved leave of absence
- Performing qualified military duty

**Death Certificate** – official copy

**Form 20A Physician's Medical Report** – Required for line of duty death.

Salary figure must be accurate since it is the basis for determining beneficiary compensation. Benefit equals one year's salary plus any accumulated contributions and interest for active members.

MSRA will send beneficiary (ies) Form 32 Notification and Claim of Beneficiary. Form must be notarized and must be accompanied by an official copy of death certificate.

MSRA will make payment to the deceased member's beneficiary(ies) in accordance with §29-201 through §29-207 of the Annotated Code of Maryland based upon the information provided by the employing agency and the information on the deceased member's MSRA account.

MSRA will send a copy of form to beneficiary to be completed by physician.

## REEMPLOYMENT AFTER RETIREMENT

No offers of reemployment should be discussed by the member with their employer prior to retirement.

The Annotated Code of Maryland §20-101 defines a "retiree" as an individual who has "separated from employment" with a participating employer and "retirement" means the grant of a retirement allowance after "separation from employment" with a participating employer.

Therefore, in order to retire, the retiree must be "separated from employment", and the employer must certify that such a separation has occurred.

**Maryland law § 23-407 (d) requires a minimum of 45 days between their retirement date and the date rehired by a MSRPS participating employer.**

MSRPS retirees are required by law (§ 23-407 (b)) to notify the retirement agency in writing of their intention to accept reemployment, name of employer and anticipated earnings.

Retirees who retire early or return to their same employer may be subjected to an earnings limitation. Retirees receiving a disability retirement may have their benefit suspended if they return to work. Encourage retiree to review the most current rules for reemployment.

Teacher Rehire/Retire Program: The Board of Education assigns coordinators the responsibility of rehiring retirees for this program. The Board will be subject to a penalty for failure to submit certification for reemployed retirees. Contact Megan Myers at 410-625-5608 or [mmyers@sra.state.md.us](mailto:mmyers@sra.state.md.us).

Encourage retiree to contact MSRA prior to returning to reemployment with any participating employer.

## SYSTEMS

<b>ACPS</b>	Alternate Contributory Pension Selection is an enhanced benefit provided under the Employees' /Teachers' Pension System established July 1, 2006. Provides a specified enhanced benefit to (1) State employees in the ECPS and ERS Bifurcated Plan (Plan C); (2) members of the TCPS and TRS Bifurcated Plan (Plan C); (3) eligible employees of those Participating Governmental Units that elected participation in the ACPS by June 30, 2007; and (4) eligible employees of Frederick County (withdrawn employer). <b>Closed June 30, 2011 to new members.</b>
<b>CORS</b>	Correctional Officers' Retirement System established 7/1/1974
<b>ECPS/TCPS</b>	Employees' Contributory Pension System/Teachers' Contributory Pension System established as of July 1, 1998 under the EPS/TPS to provide an enhanced benefit formula and limited compounded Cost of Living Adjustment. The ECPS currently consists of employers that did not elect the ACPS.
<b>EPS/TPS</b>	Employee's Pension System/Teachers' Pension System established January 1, 1980 as non-contributory plans. The EPS currently consists of employers who did <u>not</u> elect the ECPS (7/1/1998) or ACPS (7/1/2006). Additionally, those members who transferred from the Retirement Systems to the EPS/TPS after April 1, 1998 receive the original benefit formula established January 1, 1980.
<b>ERS/TRS</b>	Employees' Retirement System established 10/1/1941. Teachers' Retirement System (established 8/1/1927). Systems closed as of January 1, 1980. As of July 1, 1984 includes Plans A, B, and C (separate member contribution rates and COLAs). After December 31, 2004 members may not step down to a lesser Plan selection or transfer to a Pension System
<b>JRS</b>	Judges' Retirement System established 7/1/1969
<b>LEOPS</b>	Law Enforcement Officers' Pension System established 7/2/1990
<b>LEOPS</b>	<b>Retirement</b> system established 7/1/1989. Tier within LEOPS for those members transferred from the ERS that provides a higher benefit formula than the general LEOPS benefit formula and requires a higher member contribution. <b>Closed to new participants after December 31, 2004.</b>
<b>LFPS</b>	Local Fire and Police System established 7/1/1989. Tier within LFPS for those members who transferred from the ERS that provides a higher benefit formula than the LFPS benefit formula and requires a higher member contribution. <b>Retirement tier closed to new participants after December 31, 2004. Closed 7/1/08.</b>
<b>LPP</b>	Legislative Pension Plan established 1/13/1971
<b>RCPB</b>	Reformed Contributory Pension Benefit established July 1, 2011 for new members of the EPS/TPS. (CORS, LEOPS and SPRS – Reformed Benefit)
<b>SPRS</b>	State Police Retirement System established 7/1/1949

## **GLOSSARY OF TERMS**

### **(Annotated Code of Maryland State Personnel and Pensions § 20-101)**

<b>Accumulated Contributions</b>	Amounts credited to a member's individual account. It includes the member's contributions and regular interest.
<b>AFC</b>	<p>Average Final Compensation</p> <p>The average annual earnable compensation computed as provided by law § 20-204, 20-205 or 20-205.1</p> <p>New members after 7/1/2011= 5 years</p> <p>Prior Members before 7/1/2011= 3 years</p>
<b>Annuity</b>	The part of the allowance derived from member's accumulated contributions.
<b>Basic Allowance</b>	<p>Allowance computed without modification under 21-403</p> <p>Salary History x Service Years x System Formula = Annual Retirement Allowance</p>
<b>BOT</b>	Maryland State Retirement Agency Board of Trustees
<b>Break in Service</b>	<u>Any</u> break in employment in which the member did not actually work, use paid leave or owe contributions for greater than 30 days
<b>COLA</b>	Cost of Living Adjustment. May be awarded to retirees in July after one full calendar year of retirement based on plan allowance and U.S. Department of Labor's Consumer Price Index.
<b>Creditable Service</b>	Service credit for each day worked and required contribution received. Credit used in the calculation of the allowance that determines the dollar amount of the member's benefit. Determines AMOUNT of benefit.
<b>Deficiency</b>	Missed contributions or payroll reporting errors may result in an account deficiency. A deficiency is the difference between the contribution amount received and the amount expected; plus interest.
<b>Defined Benefit</b>	<p>The System is an employer sponsored defined benefit plan. A defined benefit is defined by law and based on a formula using salary history and duration of employment.</p> <p>Salary History x Service Years x System Formula = Annual Retirement Allowance</p>
<b>Disability</b>	Member is <u>permanently</u> and totally disabled from performing their job duties.
<b>DROP</b>	Deferred Retirement Option Program – <u>Open to SPRS and LEOPS only</u>
<b>Eligibility Service</b>	<p>Service credit that determines the member's eligibility for a benefit. Determines WHEN a member is eligible to retire.</p> <p><u>Pension Systems</u>: Members earn one (1) year of eligibility service during any fiscal year they work at least 500 regular hours, excluding overtime.</p> <p><u>Retirement Systems</u>: Creditable and eligibility credit are the same.</p>

<b>Full Cost</b>	Member pays the cost to fund the benefit the additional purchased service will provide. Purchases may be made only in the 12-month period preceding retirement. Purchase must be made while member is active on payroll or while on an SRA Approved Leave of Absence; prior to retirement.
<b>Former Member</b>	an individual, who was a MSRPS member, is not collecting a benefit (i.e. retired, died) and is separated from employment beyond their membership period (Most systems: 4 years, Teachers Retirement: 5 years)
<b>Member</b>	An individual whom membership in MSRPS is a condition of employment, pays required contributions, is not collecting a benefit (i.e. retired, died) and is within their membership period (Most systems: 4 years, Teachers Retirement: 5 years)
<b>MSRA</b>	Maryland State Retirement Agency
<b>MSRPS</b>	Maryland State Retirement and Pension System
<b>Normal Cost</b>	Member pays missed contributions plus interest to-date of purchase. May purchase credit at any time during membership or while on an SRA approved leave of absence, prior to termination of membership <i>or</i> retirement.
<b>Purchased Credit</b>	Service credit members may purchase for previous employment
<b>Retiree</b>	Individual “separated from employment” with a MSRPS participating employer and receiving a retirement benefit.
<b>Retirement</b>	Granting of a retirement allowance after “separation from employment” with a participating employer.
<b>Retirement Allowance</b>	A benefit payable in equal monthly installments for life of recipient. Options § 21-403
<b>SSIL</b>	Social Security Integration level
<b>SSWB</b>	Social Security Taxable Wage Base
<b>Unused Sick Leave</b>	Leave available to the employee as sick leave <u>during</u> employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.
<b>Vested</b>	Refers to a member, separated from MSRPS employment, right to a future retirement benefit payable at normal retirement age for the years and service earned before termination. The majority of MSRPS members enrolled prior to 7/1/11 are vested after accumulating at least 5 years of eligibility service. Members enrolled after 7/1/11 are vested after accumulating at least 10 years of eligibility service.
<b>Withdrawn Employer</b>	Former Participating Governmental Unit that elected to withdraw from the State Retirement and Pension System

## PLAN SUMMARIES

**System: TEACHERS & EMPLOYEES Reformed Contributory Pension Benefit (RCPB)**

**Status: Established 7/1/2011**

<b>Membership</b>	Mandatory for permanent teachers and employees who are budgeted to work more than 500 hours in a fiscal year.
<b>Member Contributions</b>	7% of annual compensation
<b>Average Final Compensation</b>	Average of 5 highest consecutive years of earnings
<b>Vested Benefits</b>	<b>Eligibility:</b> At least 10 years of eligibility service <b>Allowance:</b> Benefit payments begin at age 65 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 60
<b>Service Retirement</b>	<b>Eligibility:</b> Age 65 with 10 years eligibility service or Age + Eligibility Service years = 90 <b>Allowance:</b> 1.5% (.015) of AFC x creditable service
<b>Early Retirement</b>	<b>Eligibility:</b> Age 60 and 15 years of service <b>Allowance:</b> Service benefit reduced 6% per year (.005 X months) under age 65 Maximum reduction 30%
<b>COLA</b>	Limited to 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regard to the performance of their job duties and MSRPS BOT grants disability allowance <b>Allowance:</b> Service retirement benefit with creditable service and salary projected to age 65
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.
<b>Active Death Benefit</b>	<b>Eligibility:</b> 1 year of eligibility service, or in the course of duty <b>Payable:</b> Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.
<b>Spouse / Child Law Active Death Benefit</b>	<b>Eligibility:</b> If the member 1. was eligible to retire 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service <b>Payable:</b> In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit. If no spouse, children under age 26 or disabled children at any age, shall receive 50% of what the member's basic allowance would have been, had the member been retired.
<b>Line of Duty Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.

**System: TEACHERS & EMPLOYEES ALTERNATE CONTRIBUTORY PENSION SYSTEM (ACPS)**

**Status:** Established 7/01/2006   **Closed** to new members 6/30/2011

<b>Membership</b>	Mandatory for teachers and employees who were active as of 7/1/2006 to 6/30/2011 (closed)
<b>Member Contributions</b>	7% of annual compensation
<b>Average Final Compensation</b>	Average of 3 highest consecutive years of earnings
<b>Vested Benefits</b>	<b>Eligibility:</b> At least 5 years of eligibility service <b>Allowance:</b> Benefit payments begin at age 62 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 55.
<b>Service Retirement</b>	<b>Eligibility:</b> 30 YEARS OF SERVICE <u>or</u> age 62 with 5 years eligibility service age 63 with 4 years eligibility service age 64 with 3 years eligibility service age 65 with 2 years eligibility service <b>Allowance:</b> 1.2% (.012) of AFC x creditable service up to 6/30/98 <u>plus</u> 1.8% (.018) of AFC x creditable service after 6/30/98
<b>Early Retirement</b>	<b>Eligibility:</b> Age 55 and 15 years of service <b>Allowance:</b> Service benefit reduced 6% per year ( .005 X months) under age 62 Maximum reduction 42%
<b>COLA</b>	Limited to a 3% compounded COLA; Service after 7/1/2011 limited to 2.5% for years system assumed interest rate, 1% for years assumed rate not met
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. <b>Allowance:</b> Service retirement benefit with creditable service and salary projected to age 62.
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.
<b>Active Death Benefit</b>	<b>Eligibility:</b> 1 year of eligibility service or death occurs in the performance of duty. <b>Payable:</b> Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.
<b>Spouse/ Child Law Active Death Benefit</b>	<b>Eligibility:</b> If the member 1. was eligible to retire 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service <b>Payable:</b> In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit. If no spouse, children under age 26 or disabled children at any age, shall receive 50% of what the member's basic allowance would have been, had the member been retired
<b>Line of Duty Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.

# System: TEACHERS & EMPLOYEES RETIREMENT SYSTEM (TRS/ERS)

Status: TRS established 8/1/1927, ERS established 10/1/1941 **Closed** to new members 1/1/80

<b>Membership</b>	Mandatory for permanent members under the ERS and TRS plan (Closed 1/1/80)
<b>Member Contributions</b>	Plan A – 7% of annual compensation      Plan B – 5% of annual compensation Plan C – Members whose employers didn't participate in the ECPS 0% up to SSWB      5% of compensation in excess of SSWB for the year Plan C – teachers, state employees or members whose employers elected to participate in ACPS and Reformed 7% of annual compensation (2% of elected ECPS)
<b>Average Final Compensation</b>	Average of 3 highest years of earnings
<b>Vested Benefits</b>	<b>Eligibility:</b> At least 5 years of eligibility service <b>Allowance:</b> Accrued allowance begins at age 60 based on service and salary at termination of employment.
<b>Service Retirement</b>	<b>Eligibility:</b> At least age 60, regardless of creditable service or at least 30 years of service regardless of age. <b>Allowance:</b> $\frac{AFC \times \text{Years of Service}}{55}$ Note Plan C requires 2 part calculation.
<b>Early Retirement</b>	<b>Eligibility:</b> At least 25 years of creditable service <b>Allowance:</b> Service benefit reduced 6% per year (.005 x months) under age 60 or 30 years, whichever is smaller – Maximum reduction is 30%
<b>COLA</b>	Plan A – Unlimited annual compounded COLA Plan B – Limited to a maximum 5% annual compounded COLA Plan C – Based on a combination of unlimited or 5% maximum compounded cola and 3% of initial benefit – Noncontributory Pension System or 3% compounded cola Contributory Pension System, ACPS and Reformed.
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. <b>Allowance:</b> Greater of normal service benefit or if member is under normal retirement age, lesser of 25% of AFC or normal service benefit with projected salary and service. OR 25% of AFS if member is normal retirement age.
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. <b>Allowance:</b> Annual benefit is $\frac{2}{3}$ (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.
<b>Active Death Benefit</b>	<b>Eligibility:</b> 1 year of eligibility service or death occurs in the performance of duty. <b>Payable:</b> Lump sum annual salary plus member's contributions with interest.
<b>Spouse/Child Law Active Death Benefit</b>	<b>Eligibility:</b> If the member 1. was eligible to retire      2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service <b>Payable:</b> In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit. If no spouse, children under age 26 or disabled children at any age, shall receive 50% of what the member's basic allowance would have been, had the member been retired
<b>Line of Duty Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to $\frac{2}{3}$ of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.



**System: EMPLOYEES NON-CONTRIBUTORY PENSION SYSTEM (NCPS)**
**Status:** Established 1/1/1980; Open only to PGUs who elected NOT to participate in the Contributory or ACPS

<b>Membership</b>	Mandatory membership for employees of Prince George's County Government, Prince George's County Crossing Guards, City of Crisfield, Crisfield Housing Authority and Town of North Beach Withdrawn Employers: Anne Arundel County Community Action Committee, Caroline County Roads Board, Carroll County Government, Town of Elkton, Garrett County Commission, Garrett County Roads Board and Howard County Government	
<b>Member Contributions</b>	0% of annual contribution up to SSWB 5% of annual compensation in excess of the SSWB for the year.	
<b>Average Final Compensation</b>	<b>Member prior to 7/1/2011:</b> Average of 3 highest consecutive years of earnings <b>Member on or after 7/1/2011:</b> Average of 5 highest consecutive years of earnings	
<b>Vested Benefits</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> At least 5 years of eligibility service <b>Allowance:</b> Benefit payments begin at age 62 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 55.	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> At least 10 years of eligibility service <b>Allowance:</b> Benefit payments begin at age 65 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 60.
<b>Service Retirement</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> 30 Years of eligibility service <u>OR</u> Age 62 with 5 years eligibility service Age 63 with 4 years eligibility service Age 64 with 3 years eligibility service Age 65 with 2 years eligibility service	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> Age 65 with 10 years eligibility service <u>OR</u> Age + Eligibility Service years = 90
	<b>Allowance:</b> .8% (.008) of AFC up to SSIL x creditable service PLUS 1.5% (.015) x AFC in excess of SSIL x creditable service	
<b>Early Retirement</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> Age 55 and 15 years of service <b>Allowance:</b> Service benefit reduced 6% per year (.005 X months) under age 62. Maximum reduction 42%	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> Age 60 and 15 years of service <b>Allowance:</b> Service benefit reduced 6% per year (.005 X months) under age 65. Maximum reduction 30%
<b>COLA</b>	Service accrued prior to 7/1/2011 limited to a maximum 3% COLA on initial benefit. Service after 7/1/2011 limited to 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. <b>Allowance:</b> Service retirement benefit with creditable service projected and salary to normal retirement age	
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.	
<b>Active Death Benefit</b>	<b>Eligibility:</b> 1 year of eligibility service or death occurs in the performance of duty. <b>Payable:</b> Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.	
<b>Spouse/ Child Law Active Death Benefit</b>	<b>Eligibility:</b> If the member 1. was eligible to retire 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service <b>Payable:</b> In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit. If no spouse, children under age 26 or disabled children at any age, shall receive 50% of what the member's basic allowance would have been, had the member been retired	
<b>Line of Duty Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If no spouse, children receive payment until youngest child attains age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.	

**System: EMPLOYEES CONTRIBUTORY PENSION SYSTEM (ECPS)**

**Status:** Established 7/1/1998; Open only to PGUs who elected NOT to participate in the ACPS

<b>Membership</b>	Mandatory for active employees of Town of Emmitsburg, City of Frostburg, Town of Middleton and City of Taneytown.	
<b>Member Contributions</b>	2% of annual compensation	
<b>Average Final Compensation</b>	<b>Member prior to 7/1/2011:</b> Average of 3 highest consecutive years of earnings <b>Member on or after 7/1/2011:</b> Average of 5 highest consecutive years of earnings	
<b>Vested Benefits</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> At least 5 years of eligibility service <b>Allowance:</b> Benefit payments begin at age 62 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 55.	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> At least 10 years of eligibility service <b>Allowance:</b> Benefit payments begin at age 65 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 60.
<b>Service Retirement</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> 30 Years of eligibility service <u>OR</u> Age 62 with 5 years eligibility service Age 63 with 4 years eligibility service Age 64 with 3 years eligibility service Age 65 with 2 years eligibility service	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> Age 65 with 10 years eligibility service <u>OR</u> Age + Eligibility Service years = 90
	<b>Allowance:</b> 1.2% (.012) of AFC x creditable service up to 6/30/98 1.4% (.014) of AFC x creditable service after 6/30/98	
<b>Early Retirement</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> Age 55 and 15 years of service <b>Allowance:</b> Service benefit reduced 6% per year (.005 X months) under age 62. Maximum reduction 42%	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> Age 60 and 15 years of service <b>Allowance:</b> Service benefit reduced 6% per year (.005 X months) under age 65. Maximum reduction 30%
<b>COLA</b>	Service accrued prior to 7/1/2011 limited to a 3% compounded COLA. Service after 7/1/2011 limited to 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. <b>Allowance:</b> Service retirement benefit with creditable service and salary projected to normal retirement age	
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.	
<b>Active Death Benefit</b>	<b>Eligibility:</b> 1 year of eligibility service or death occurs in the performance of duty. <b>Payable:</b> Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.	
<b>Spouse Law Active Death Benefit</b>	<b>Eligibility:</b> Spouse is the sole primary designated beneficiary and the member 1. was eligible to retire. 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service. <b>Payable:</b> In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit.	
<b>Line of Duty Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.	

# System: CORRECTIONAL OFFICERS RETIREMENT SYSTEM (CORS)

Status: Established 7/1/1974

<b>Membership</b>	Mandatory membership for permanent employees in eligible positions. State Personnel and Pensions § 25-201	
<b>Member Contributions</b>	5% of annual compensation	
<b>Average Final Compensation</b>	<b>Member prior to 7/1/2011:</b> Average of 3 highest years of earnings <b>Member on or after 7/1/2011:</b> Average of 5 highest years of earnings	
<b>Vested Benefits</b>	<b>Member prior to 7/1/2011:</b> 5 years of creditable service payable at age 55	<b>Member on or after 7/1/2011:</b> 10 years of creditable service payable at age 60
<b>Service Retirement</b>	<b>Eligibility:</b> 20 years of creditable service regardless of age, or age 55 for a correctional officer with 5 years of service if a member prior to 7/1/2011 or 10 years of service if a member on or after 7/1/2011. <b>Allowance:</b> AFC x Years of Service /55	
<b>Early Retirement</b>	<b>Eligibility:</b> Generally N/A. Exception: if you worked @ Baltimore City Jail prior to 1/1/1991 for at least 5 years and was CORS member on or after of 6/30/2006 the member has at least 10 years but less than 20 years of service.	
<b>COLA</b>	<b>Service prior to 7/1/2011</b> Unlimited compounded COLA. <b>Service on or after 7/1/2011</b> 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. <b>Allowance:</b> Greater of normal service benefit or if member is under normal retirement age, lesser of 25% of AFC or normal service benefit with projected salary and service. OR 25% of AFS if member is normal retirement age.	
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury. <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.	
<b>Active Death Benefit</b>	<b>Eligibility:</b> 1 year of eligibility service or death occurs in the performance of duty. <b>Payable:</b> Annual salary plus member's contributions with interest. In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.	
<b>Spouse/ Child Law Active Death Benefit</b>	<b>Eligibility:</b> If the member 1. was eligible to retire 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service <b>Payable:</b> In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit. If no spouse, children under age 26 or disabled children at any age, shall receive 50% of what the member's basic allowance would have been, had the member been retired	
<b>Line of Duty Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.	

**System: LAW ENFORCEMENT OFFICERS PENSION SYSTEM (LEOPS)**

Status: Established 1/1/2005

<b>Membership</b>	Mandatory membership for permanent employees in eligible positions.	
<b>Member Contributions</b>	7% of annual compensation.	
<b>Average Final Compensation</b>	<b>Member prior to 7/1/2011:</b> Average of 3 highest consecutive years of earnings <b>Member on or after 7/1/2011:</b> Average of 5 highest consecutive years of earnings	
<b>Vested Benefits</b>	<b>Member prior to 7/1/2011:</b> <b>Eligibility:</b> 5 years of eligibility service <b>Allowance:</b> Accrued retirement allowance payable at age 50.	<b>Member on or after 7/1/2011:</b> <b>Eligibility:</b> 10 years of eligibility service <b>Allowance:</b> Accrued retirement allowance payable at age 50.
<b>Service Retirement</b>	<b>Eligibility:</b> 25 years of service or age 50. <b>Allowance:</b> 2% average of final compensation for each year of creditable service up to a maximum of 32.5 years. Members may not exceed 65% of their AFC.	
<b>Early Retirement</b>	N/A	
<b>COLA</b>	<b>Service prior to 7/1/2011</b> Up to 3% compounded. <b>Service on or after 7/1/2011</b> 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. <b>Allowance:</b> Service retirement benefit with creditable service projected and salary to age 50. Maximum of 30 years	
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanent disability from performing job duties and incapacity must have arisen out of, or in the course of, the actual performance of duty as certified by the MSRPS BOT. <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions.	
<b>Ordinary Death Benefit</b>	<b>Allowance:</b> If active member dies with less than 1 year of eligibility service and death does not occur in the line of duty, beneficiary receives a single payment consisting of member's contributions with interest. If active member dies with at least one but less than two years of eligibility service and death does not occur in the line of duty, designated beneficiary receives a single payment of 100% of salary at the time of death plus member's accumulated contributions with interest.	
<b>Active Death Benefit</b>	<b>Eligibility:</b> 2 or more years of service and death was not in the line of duty <b>Allowance:</b> A single lump sum payment consisting of member's contributions and interest. <i>PLUS</i> the spouse receives a monthly benefit equal to 50% of the ordinary disability retirement allowance. If there is no spouse the children under the age of 26 will receive the payment until they attain the age of 26. Lifetime benefit for disabled child.	
<b>Special Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children, or if no spouse or child, dependent parent for life.	
<b>DROP</b>	Permits eligible retirees to continue to work as a law enforcement officer while depositing their monthly retirement allowance in an account earning 4% interest a year, compounded annually. Voluntary participation is the lesser of: (1) 5 years maximum, (2) difference between 30 years and member's years of service, or (3) term selected by member. Must have at least 25 years but less than 30 years of creditable service.	

## System: LAW ENFORCEMENT OFFICERS RETIREMENT SYSTEM

Status: Established 7/2/1990 Closed 12/31/2004

<b>Membership</b>	No new members after 1/1/2005.
<b>Member Contributions</b>	Plan A members - 7% of annual compensation Plan B members - 5% of annual compensation
<b>Vested Benefits</b>	<b>Eligibility:</b> 5 years of creditable service <b>Allowance:</b> Accrued retirement allowance payable at age 50.
<b>Average Final Compensation</b>	Average of 3 highest years of earnings
<b>Service Retirement</b>	<b>Eligibility:</b> 25 years of service regardless of age or age 50 regardless of years of service. <b>Allowance:</b> 2.3 average of final compensation for each year of creditable service up to 30 years. Plus 1% of AFC for service over 30 years of creditable service.
<b>Early Retirement</b>	N/A
<b>COLA</b>	Plan A – Unlimited compounded Plan B – Limited to a maximum of 5% compounded COLA
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if MSRPS BOT certifies the member is permanently disabled with regards to the performance of their job duties. <b>Allowance:</b> Service retirement benefit with minimum 25% of AFC.
<b>Accidental Disability</b>	<b>Eligibility:</b> Permanently disabled as a direct result of an on the job injury as certified by the MSRPS BOT. <b>Allowance:</b> 2/3 of the AFC plus member's contribution as an additional annuity
<b>Ordinary Death Benefit</b>	<b>Allowance:</b> If active member dies with less than 1 year of eligibility service and death does not occur in the line of duty beneficiary receives a single payment consisting of member's contributions with interest. If active member dies with at least one but less than two years of eligibility service and death does not occur in the line of duty, designated beneficiary receives a single payment of 100% of salary at the time of death plus accumulated member's contributions with interest. .
<b>Active Death Benefit</b>	<b>Eligibility:</b> 2 or more years of service and death was not in the line of duty <b>Allowance:</b> A single lump sum payment consisting of the member's contributions and interest. <i>PLUS</i> the spouse receives a monthly benefit equal to 50% of the ordinary disability retirement allowance. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children or dependent parent for life.
<b>Special Death Benefit</b>	A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children or if no spouse or child, dependent parent for life.
<b>DROP</b>	Permits eligible retirees to continue to work as a law enforcement officer while depositing their monthly retirement allowance in an account earning 4% interest a year, compounded annually. Voluntary participation is the lesser of: (1) 5 years maximum, (2) difference between 30 years and member's years of service, or (3) term selected by member. Must have at least 25 years but less than 30 years of service.

# System: STATE POLICE RETIREMENT SYSTEM (SPRS)

Status: Established 7/1/1949

<b>Membership</b>	Mandatory for a police employee or cadet of the Maryland State Police	
<b>Member Contributions</b>	8% of annual compensation	
<b>Average Final Compensation</b>	<b>Member prior to 7/1/2011:</b> Average of 3 highest years of earnings <b>Member on or after 7/1/2011:</b> Average of 5 highest years of earnings	
<b>Vested Benefits</b>	<b>Member prior to 7/1/2011</b> 5 years of creditable service Allowance: accrued retirement payable at age 50	<b>Member on or after 7/1/2011</b> 10 years of creditable service
<b>Service Retirement</b>	<b>Member prior to 7/1/2011</b> 22 years of creditable service regardless of age, or age 50.  28 years of service maximum. Mandatory retirement at age 60 <b>Allowance:</b> 2.55% of AFC for each year of creditable service up to a maximum of 28 years. Member's annual basic allowance may not exceed 71.4% of AFC	<b>Member on or after 7/1/2011</b> 25 years of creditable service regardless of age, or age 50.
<b>Early Retirement</b>	N/A	
<b>COLA</b>	<b>Service earned before 7/1/2011</b> Unlimited, compounded COLA. <b>Service on or after 7/1/2011</b> 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
<b>Ordinary Disability</b>	<b>Eligibility:</b> 5 years of eligibility service if MSRPS BOT certifies the member is permanently disabled with regards to the performance of their job duties. <b>Allowance:</b> computed as a service retirement based on service retirement formula. Benefit cannot be less than 35% of AFC. <b>Earnings Limitations:</b> retirees have an earning limitation on any employment with a participating employer.	
<b>Special Disability</b>	<b>Eligibility:</b> There is no minimum service credit requirement. Totally and permanently incapacitated for duty arising out of or in the course of the actual performance of duty without willful negligence by member and certified by the medical board <b>Allowance:</b> Annual benefit is 2/3 (.667) of AFC plus an annuity based on the member's accumulated contributions. Allowance may not exceed a member's AFC.	
<b>Ordinary Death Benefit</b>	<b>Eligibility and Allowance:</b> <u>Less than 1 year of eligibility service</u> and death does not occur in the line of duty - beneficiary receives a single payment of member's contributions with interest. <u>At least one but less than two years of eligibility service</u> and death does not occur in the line of duty, designated beneficiary receives a single payment of 100% of salary at the time of death plus member's accumulated contributions with interest.	
<b>Active Death Benefit</b>	<b>Eligibility:</b> 2 or more years of service and death was not in the line of duty <b>Allowance:</b> A single lump sum payment consisting of member's contributions and interest. <i>PLUS</i> spouse receives a monthly benefit equal to 1/2 of the member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children or if no spouse or child, dependent parent for life.	
<b>Special Death Benefit</b>	<b>Eligibility:</b> Death occurred in the line of duty. <b>Allowance:</b> A single lump sum payment consisting of member's contributions and interest. <i>PLUS</i> spouse receives a monthly benefit equal to 2/3 of the member's AFC. If there is no spouse, children will receive the payment until the youngest child attains the age of 26, lifetime benefit for disabled children or if no spouse or child, dependent parent for life.	
<b>DROP</b>	Permits eligible retirees to continue to work as a state trooper while depositing their monthly retirement allowance in an account earning 4% interest a year, compounded annually. Voluntary participation is the lesser of: (1) 5 years, (2) difference between age 60 and member's age, (3) difference between 30 years and member's years of service, or (3) term selected by member.	

**System: JUDGES RETIREMENT SYSTEM (JRS)****Status:** Established 7/1/1969

<b>Membership</b>	Mandatory for judges of the District Court, Circuit Court, Court of Appeals, and Court of Special Appeals; members of the State Workers' Compensation Commission; and, full time masters in chancery and juvenile causes appointed on or before June 30, 1989.	
<b>Member Contributions</b>	8% of annual compensation for all members up to 16 years of service; after 16 years members no longer contribute.	
<b>Vested Benefits</b>	<b>Member before 7/1/12:</b> Immediate vesting, with payments beginning at age 60	<b>Member after 7/1/2012:</b> After 5 years, payments begin at age 60
	<b>Allowance:</b> Based on the creditable service accrued at time of termination of membership and salary of active judge/commissioner at time of retirement. For masters, the salary is that master's salary at time of termination of membership	
<b>Service Retirement</b>	<p><b>Eligibility:</b> Age 60, regardless of service. Members must retire at age 70 as required by Article IV, section 3 of the Maryland Constitution.</p> <p><b>Allowance:</b> 2/3 of the salary of active judge for 16 years of membership. Benefit is prorated if service is less than 16 years.</p>	
<b>Early Retirement</b>	N/A	
<b>COLA</b>	Retiree benefits are recalculated when the salary of active judge/commissioner is increased. Retired Masters receive an increase based on the percentage of increase provided to active Circuit Court judges.	
<b>Ordinary Disability</b>	<p><b>Eligibility:</b> Permanently disabled as determined by MSRPS BOT; no minimum service requirement.</p> <p><b>Allowance:</b> Service retirement calculation based on the members' actual length in service. However, members with at least 3 years of eligibility service receive no less than 1/3 of annual compensation of an active judge of that court.</p>	
<b>Accidental Disability</b>	N/A	
<b>Active Death Benefit</b>	50% of the retirement allowance that would have been payable were the member alive and eligible to receive a retirement allowance payable to the spouse. If the member does not have a spouse at the time of death, payable to child (ren) under the age of 26 - each minor child receives equal share until age 26. Payment ends when last child reaches age 26. If no spouse or children under age 26, receives annual salary plus member's contributions and interest.	
<b>Survivor Benefits</b>	If the member is married at time of retirement or has children under age 26, the member must designate the spouse or if no spouse, children under age 18 for the basic allowance which provides a 50% lifetime benefit (ends for child at age 26) at the death of the retiree. If no spouse or children under age 26 at time of retirement, the member may elect one of several optional reduced benefit allowances.	

**System: LEGISLATIVE PENSION PLAN (LPP)****Status:** Established 1/8/2003

<b>Membership</b>	Mandatory for legislators on or after January 14, 2015
<b>Member Contributions</b>	7% mandatory contributions of annual compensation for all members up to 22 years and three months of service. After that a member is no longer required to contribute to his/her retirement plan.
<b>Vested Benefits</b>	<b>Eligibility:</b> Members are vested with eight years of service. Eligible to receive vested benefit at service retirement age.
<b>Service Retirement</b>	<b>Eligibility:</b> Age 60 if earned creditable service before 1/14/2015. Age 62 if no earned creditable service before 1/14/2015. Member must have at least eight years of service <b>Allowance:</b> 3% of salary for each year of service for a maximum of 22 years and 3 Months (2/3 of salary)
<b>Early Retirement</b>	<b>Eligibility:</b> At least age 50 with earned creditable service before 1/14/2015 or age 55 with no earned creditable service before 1/14/2015 and eight years of service. <b>Allowance:</b> Service retirement benefit reduced 6% per year (.005 X month) under service retirement age. Maximum reduction 60% if retire at age 50 or 42% if retire at age 55.
<b>COLA</b>	Retiree's benefit is recalculated when the salary of active legislator is increased.
<b>Ordinary Disability</b>	<b>Eligibility:</b> Permanently disabled after eight years of service. <b>Allowance:</b> Service benefit earned at time of disability.
<b>Accidental Disability</b>	N/A
<b>Active Death Benefit</b>	Less than eight years of service - a lump sum benefit of annual salary plus member's contributions with interest. Eight years or more of service - surviving spouse receives 50% of the retirement allowance that would have been payable were the member alive and eligible to receive a retirement allowance. Or lump sum of annual salary plus member's contributions and interest. If not married, lump sum benefit.
<b>Survivor Benefit</b>	If the member is married at time of retirement, the member must designate the spouse for a 50% lifetime benefit. If the member is not married may designate a beneficiary for a monthly lifetime benefit or multiple beneficiaries for a lump sum payment. If the member marries or remarries during retirement, these alternate designations are voided and the spouse becomes the beneficiary.



## Agency Codes

When completing retirement forms coordinators will need to indicate their agency code. State Agencies use their central payroll agency code. The first two digits designate the department:

- 21 - Legislative Department
- 22 - Judicial Department
- 23 - Executive Department
- 24 - Treasury Department
- 25 - Department of Budget & Management
- 26 - Retirement Agency(ies)
- 28 - Department of General Services
- 29 - Department of Transportation
- 30 - Department of Natural Resources
- 31 - Department of Agriculture
- 32 - Department of Health & Mental Hygiene
- 33 - Department of Human Resources
- 34 - Department of Labor, Licensing & Regulations
- 35 - Department of Public Safety and Correctional Services
- 36 - State Colleges and Universities
- 37 - Department of Housing & Community Development
- 38 - Department of Business & Economic Development
- 39 - Maryland Department of the Environment
- 40 - Department of Juvenile Services (4001)
- 40 - University of MD Medical Systems Corp. (4002)
- 41 - State Police and State Fire Marshal
- 50 - Criminal Court, Register of Wills

The remaining six digits designate the agency and unit.

Municipalities use an agency code assigned by MSRA. The first two digits indicate the county in which the agency is located:

- |                       |                 |                      |
|-----------------------|-----------------|----------------------|
| 65 - Allegany         | 73 - Charles    | 81 - Prince George's |
| 66 - Anne Arundel     | 74 - Dorchester | 82 - Queen Anne's    |
| 67 - Baltimore City   | 75 - Frederick  | 83 - St. Mary's      |
| 68 - Baltimore County | 76 - Garrett    | 84 - Somerset        |
| 69 - Calvert          | 77 - Harford    | 85 - Talbot          |
| 70 - Caroline         | 78 - Howard     | 86 - Washington      |
| 71 - Carroll          | 79 - Kent       | 87 - Wicomico        |
| 72 - Cecil            | 80 - Montgomery | 88 - Worcester       |

The third and fourth digits identify the type of agency:

- |   |  |
|---|--|
| 01 - Board of Education - Teachers' System  | 13 - Assessors   |
| 02 - Board of Education - Employees' System | 14 - Licensing   |
| 03 - Community College - Teachers' System   | 16 - Liquor Board  |
| 04 - Community College - Employees' System  | 25 to 39 - Municipality                                      |
| 05 - Library - Teachers' System             | 40 - University of MD Medical System                         |
| 06 - Library - Employees' System            | 50 - Board of Election Supervisors                           |
| 07 - County Officials                       | 51, 52 - Used if more than one community college in a county |
| 11 - Commissioners (Government)             |  |
| 12 - Roads Department                       | 80 - Community Action  |

The fifth through eighth digit may be used by the employing agency for its own use.



## III. Forms

Employers are not authorized to post or alter Maryland State Retirement Agency forms. Forms are frequently updated. Please download the most up-to-date forms from our website [sra.maryland.gov](http://sra.maryland.gov)

### RETIREMENT FORMS

**MSRA Website** Forms may be printed or downloaded from website [sra.maryland.gov](http://sra.maryland.gov)

Forms are frequently updated. Don't over print. Please check the MSRA website for the most up-to-date form.

### DOCUMENT FILING CHECKLIST

Retirement coordinators assist members in the completion and submission of forms to the State Retirement office. Below are some general guidelines for filing forms.

- ☐ **Carefully Review the Completed Form:** Incomplete or inaccurate information will delay processing. It is essential that coordinators carefully review each form prior to submitting it to our office.
  - Full legal name including middle initial
  - Social Security Number on all forms and documents
  - Member signed and dated form
  - Complete beneficiary information- name, address, SSN
  - Accurate salary information
  - Date of Birth
  - Current address
  - Coordinator printed name on form
  - Coordinator signed and dated form
  - Coordinator included direct phone number
- ☐ **Be Aware of Filing Deadlines:** Forms must be received by the retirement agency to meet filing deadlines. Late forms could either delay processing, payment or disqualify a member from obtaining the benefit. If not sure about a deadline, confirm it with our office.
- ☐ **Notarize When Necessary:** A number of forms require notarization. Incomplete or improper notarization will STOP processing. A Notary Public acknowledges the identity of the person signing the form, not the accuracy of the document. The document is legally binding if
  - The date the form was notarized is the same date the form was signed by the member or retiree.
  - The notary actually witnessed the signature;
  - The notary filled in name of person signing form, and
  - There are NO cross-outs or changes.

The notary and retirement coordinator may be the same person.

Faxed copies are acceptable if notary seal is clearly visible.
- ☐ **Supporting Documents:** Supporting documents must be readable and include member's name and social security number
- ☐ **Send Related Forms Together**
- ☐ **Immediately Send Forms to MSRA:** Benefits are paid in accordance with forms on file with the retirement agency; not the employer. Send all forms to the retirement agency. Do not delay submission.

## Application for Membership FORM

### APPLICANT'S SECTION

- ☐ Verify Social Security number. (Attach copy of Social Security card if possible).
- ☐ Birth date must be the same as attached proof of birth. Attach copy of an acceptable verification of birth date.
- ☐ Form must be signed and dated.
- ☐ Verify questions are answered; and if applicable, review transfer provisions with member and initial confirming they were read and reviewed.
  - If #1 'Yes'- Are they an active or former member, retiree or withdrawn?
  - If #3 'Yes'-Are they a retiree, beneficiary or both?

**MSRPS retirees are *not* re-enrolled. Contact MSRA about Judges and Legislative.**

### RETIREMENT COORDINATOR'S SECTION

- ☐ Accurately answer employer questions
- ☐ Complete location code, number of contribution pay periods and system code.
- ☐ Sign, date and include direct telephone number.
- ☐ See ENROLLING NEW MEMBERS section for more information.

Correctional Officers Positions – see § 25-201

Indicate retirement system:

Teachers' classifications (COMAR 22.04.03):

- *Public School (02) and Board of Education (03)*
- *University or State College (04)*
- *Community College (05)*
- *Public Library (06).*

- 02 – Correctional Officers' Retirement System
- 03 – State Police Retirement System
- 06 – Teachers' Pension Systems
- 07 – Employees' Pension Systems
- 09 – Law Enforcement Officers' Pension System

If Teacher's applicant's classification is not listed in COMAR, attach a Personnel Director certified job description.

### VERIFICATION OF BIRTHDATE

Attach a *readable* photocopy of one of the documents listed below to applicant's form. Indicate changed name on copy of document submitted if applicant's name was changed by marriage, or court order. Submitted document must show the date of birth and include social security number.

- A. Any one of the following documents is acceptable for U.S. citizens:
  - Birth Certificate;
  - Adoption Record;
  - Statement of Age Card from the county health dept. or U.S. Bureau of Vital Statistics;
  - U.S. Passport;
  - Naturalization Records;
  - Census Records from the U.S. Bureau of Census;
  - Military Documentation from any branch of the U.S. Armed Forces;
  - Hospital Birth Record, certified by the custodian of the record;
  - Unexpired Driver's License;
  - Maryland Identification Card, issued by the Maryland MVA
- B. If the applicant is not a U.S. citizen, the following must be submitted:
  - Resident Alien Registration Receipt Card



## **INSTRUCTIONS**

**Purpose of this Form:** The Application for Membership form provides the Maryland State Retirement Agency ("Agency") with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System ("System").

### **Instructions for Applicant (Section One):**

1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
2. Review and answer all of the questions in **Section One**. Note that if you answer "Yes" to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
3. Sign and date the form.
4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver's license, Maryland identification card, birth certificate, and United States passport.
5. It is **strongly recommended** by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

### **Instructions for Retirement Coordinator (Section Two):**

1. Review the applicant's answers to questions 1-5 in **Section One**.  
If the applicant answered "Yes" in question 3, please call the Agency to determine if he or she should be enrolled in the System.
2. Use a pen, print clearly, and answer questions A – G in **Section Two**. Pay particular attention to questions D and G.  
If in question D, you have indicated that the applicant's current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.  
If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
5. Sign and date the form.
6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

### **Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System**

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

1. The applicant's employment must be continuous, meaning a change in jobs without a break in employment.
2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement or pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) and *Election to Transfer Service* (Form 37) must be submitted to the Agency.

**If you need help** to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.





## INSTRUCTIONS

*Designation of Beneficiary* (Form 55) must be completed with this Form 2.

**Purpose of this Form:** The *Legislative Pension Plan Application for Membership* (Form 2) provides the Maryland State Retirement Agency ("Agency") with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System ("System").

### **Instructions for Applicant:**

1. Use a pen, print clearly, and provide the information requested, including your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and ZIP code, home telephone number and home email address.
2. Sign and date the form.
3. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth are listed below.
4. It is strongly recommended by the Agency that at the same time you submit your completed *Legislative Pension Plan Application for Membership* (Form 2) to your retirement coordinator that you also submit a completed *Designation of Beneficiary* (Form 55). The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

## ACCEPTABLE PROOF OF BIRTH DATE

Attach a photocopy of one of the following as proof of your birth date:

- Unexpired driver's license
- Maryland identification card
- Birth certificates
- Adoption records
- Statement of age card from the county health department or US Bureau of Vital Statistics
- US passport
- Naturalization records
- Census record from the US Bureau of the Census
- Military documentation from any branch of the US Armed Forces
- Certified hospital birth records

## NEED HELP?

**If you need help** to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.



# Application for Membership FORM 3

**STATE RETIREMENT AGENCY OF MARYLAND**  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-1600

## JUDGES' RETIREMENT SYSTEM APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 003 REV. (9/05)

APPLICANT COMPLETES THIS SECTION: (Print in Ink or Type)

SOCIAL SECURITY NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

NAME

\_\_\_\_ First      \_\_\_\_ Initial      \_\_\_\_\_ Last

DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

SEX (M OR F)

\_\_\_\_

Court

ADDRESS

\_\_\_\_  
Number and Street

\_\_\_\_ City      \_\_\_\_ State      \_\_\_\_ - \_\_\_\_ Zip Code

1. Have you ever been a member of the State Retirement and Pension System of Maryland? ( ) Yes ( ) No
2. If Yes, have you withdrawn your accumulated contributions? ( ) Yes ( ) No
3. Are you presently receiving a retirement allowance from the State Retirement and Pension System of Maryland? ( ) Yes ( ) No
4. Do you wish to claim any previous service AS A JUDGE? ( ) Yes ( ) No
5. If Yes, indicate the periods of service you wish to claim:

From			To			COURT
Mo.	Day	Yr.	Mo.	Day	Yr.	

### TO THE BOARD OF TRUSTEE:

I certify that all statements made on this application are correct. I authorize any required deductions from my salary in accordance with the prescribed rate of contributions and these amounts shall be recorded to my credit by the State Retirement and Pension System of Maryland.

Complete Signature

Date

EMPLOYING AGENCY CODE

\_\_\_\_

# OF RETIREMENT  
CONTRIBUTIONS  
DEDUCTED PER YEAR

\_\_\_\_

SYSTEM

\_\_\_\_

FOR RETIREMENT USE ONLY

\_\_\_\_  
MO DAY YEAR

ENTRANCE DATE

SIGNATURE

DATE

TELEPHONE #

ORIGINAL COPY

**PLEASE READ CAREFULLY BEFORE FILLING OUT FORM**

FORM-4.1 DESIGNATION OF BENEFICIARY  
MUST BE COMPLETED WITH THIS FORM-3

**Purpose of this form:**

This form is your application for membership in the State Retirement and Pension System of Maryland.

When complete, keep the copy marked "Applicant's Copy" in the lower right corner. Send the other copies to your Retirement Coordinator with proof of your birth date.

**ACCEPTABLE PROOF OF BIRTH DATE**

Attach a photocopy of one of the following as proof of your birth date:

- Unexpired driver's license
- Maryland identification card
- Birth certificates
- Adoption records
- Statement of age card from the county health department or US Bureau of Vital Statistics
- US passport
- Naturalization records
- Census record from the US Bureau of the Census
- Military documentation from any branch of the US Armed Forces
- Certified hospital birth records

**NEED HELP?**

If you need help to complete this form, call The State Retirement Agency at  
410-625-5555 (local) or 1-800-492-5909.

## Designation of Beneficiary FORM 4

Member or retiree designates individuals including minor children, other relatives, friends, estate, trustee or charitable organization to receive death benefits unless otherwise restricted by law.

### APPLICANT'S SECTION

- Applicant to complete all sections down to member's signature.
- Check appropriate box if working, retired or vested.
- Must list at least one beneficiary.
- If retiring, fill in retirement date.
- Form must be signed by member in the presence of a notary public.
- If member of more than one system, properly complete a *Designation of Beneficiary* (Form 4) for each system. Note plan on each form.

### BENEFICIARIES

- Beneficiaries do not need to be related to the member or retiree.
  - A member may designate as many primary and contingent beneficiaries as desired. (See BENEFICIARY DESIGNATION)
- Primary beneficiary (ies)-Survivor benefit will be equally distributed between primary designated beneficiaries.
- Contingent beneficiary (ies) - Survivor benefits will be equally distributed between contingent beneficiaries only if all primary beneficiaries are deceased.
- SPOUSE LAW: If a member designates his or her spouse as sole primary beneficiary and the member meets certain eligibility requirements, the spouse may be eligible for a monthly allowance in lieu of a lump-sum payment if the member should die while on payroll.
  - Beneficiary may be a minor child.
  - If more than two primary or contingent beneficiaries are to be designated, an additional Form 4 must be used.
- Multiple beneficiaries and forms: Check appropriate box in upper right hand corner. All forms must be signed, notarized and dated using the same date.
- Estate: Write "My Estate" in name section and as beneficiary address provide address of the person or business that will administer estate
  - Organization/Charity: provide full name and address.
  - If member or retiree established an Agreement of Trust or Testamentary Trust, they may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.
- RETIREES Prior designations of beneficiaries do not carry forward from a member account to a retirement benefit. Retiring members must designate beneficiary(ies) on the retirement application, or by submitting a new Beneficiary Form with their retirement application if they are designating more than one beneficiary.



**IMPORTANT:** If retired under OPTION 2, 3, 5 or 6 STOP. Retiree must complete a Form 66 to initiate a beneficiary change.

See reverse side of Form 4 for further instructions.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**DESIGNATION OF BENEFICIARY**

**IMPORTANT:** Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.

FOR RETIREMENT USE ONLY FORM 4 (REV. 9/15)

APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

CHECK ONE: ☐ Active ☐ Vested ☐ Retired (If retiring, retirement date \_\_\_\_\_)

**IMPORTANT:** If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

First

Initial

Last

Number and Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**PRIMARY BENEFICIARY(IES)** All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

☐ Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(M or F) Month Day Year

First Initial Last

BENEFICIARY'S ADDRESS \_\_\_\_\_

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(M or F) Month Day Year

First Initial Last

BENEFICIARY'S ADDRESS \_\_\_\_\_

**CONTINGENT BENEFICIARY(IES)** If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.

☐ Check if you used an additional Form 4 to name additional contingent beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(M or F) Month Day Year

First Initial Last

BENEFICIARY'S ADDRESS \_\_\_\_\_

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(M or F) Month Day Year

First Initial Last

BENEFICIARY'S ADDRESS \_\_\_\_\_

**TO THE MARYLAND STATE RETIREMENT AGENCY:** I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor. SIGN IN THE PRESENCE OF A NOTARY PUBLIC. (Form not valid unless notarized.)

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

This form must be signed and notarized in order to be valid.

Please check (✓) for your system:

- ( ) 1 Teachers' Retirement System
- ( ) 2 Employees' Retirement System
- ( ) 2C Correctional Officers' Retirement System
- ( ) 3 State Police Retirement System
- ( ) 6 Teachers' Pension System (Incl. Bifurcated)
- ( ) 7 Employees' Pension Sys. (Incl. Bifurcated)
- ( ) 8/9 Law Enforcement Officers' Pension System

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer,

personally appeared \_\_\_\_\_, known to me

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public \_\_\_\_\_  
Printed Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**\* IMPORTANT:** If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

Official Seal must be affixed



## PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

### 1. Important terms/definitions:

- a. **Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. **Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. **Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. **Primary Beneficiary:** person(s) to receive any benefits payable on your death
- e. **Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

### 2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

**Important note for active members who are married:** If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at [sra.maryland.gov](http://sra.maryland.gov) or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

**Important note for participants of more than one State system:** If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for **each** system. Members of the Judges' Retirement

System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

### 3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

### 4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

### 5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

**Minors:** You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

**Your estate:** You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

**Trustee:** If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

**Church or charitable organization:** List the complete corporate or legal name.

### 6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

### 7. Notarization

This form is **not valid unless notarized** by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

**Important note for all individuals filing this form:** This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

## Application for Withdrawal of Accumulated Contributions PACKAGE

### This package contains

- ☐ Frequently Asked Questions About Form 5
- ☐ Special Tax Notice Regarding Your Rollover Options
- ☐ Summary of Major Retirement Benefits
- ☐ *Application for Withdrawal of Accumulated Contributions* (Form 5)
- ☐ *Trustee-to-Trustee Distribution Form for Rollovers* (Form 193)

### WITHDRAWAL FORM APPLICANT'S SECTION

- Applicant to complete all sections down to member's signature.
- Form must be signed by member in the presence of a notary public.
- The member signature acknowledges receipt of the Safe Harbor Notice and to affirm former member's direct rollover choice.
- Applicant must be terminated from employment and not retired to receive a return of member's contributions.
- Withdrawal of member's contributions will forfeit any accrued service and right to any future retirement benefit, including disability. By completing and submitting this form, any disability claim previously filed is terminated.

### RETIREMENT COORDINATOR'S SECTION

Coordinator's section must be completed unless applicant has been separated from employment more than a year


Sign, date and indicate direct telephone number.

Complete the member's termination date and agency name.

**IMMEDIATELY Notify the retirement agency if the member does not terminate membership or returns to employment.**

### TRUSTEE-TO-TRUSTEE DISTRIBUTION FORM 193

- This Form is required if an individual selects Refund Choice No. 2 or Refund Choice No. 3 on the Application for Withdrawal of Accumulated Contributions (Form 5) to rollover part or all of their refund payment.
- Accompanying the *Trustee-to-Trustee Distribution Form* (Form 193) should be *Application for Withdrawal of Accumulated Contributions* (Form 5) and *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) and *Special Tax Notice Regarding Plan Payments*.
- Rollover payments are made payable to the Financial Institution receiving the rollover for the benefit of the individual (e.g. National Bank for benefit of Robert Smith) and are mailed to the individual who must then deliver the check to the financial institution.



## Application for Withdrawal of Accumulated Contributions Package

### **This package contains**

- Frequently Asked Questions About Form 5
- Special Tax Notice Regarding Your Rollover Options
- Summary of Major Retirement Benefits
- *Application for Withdrawal of Accumulated Contributions (Form 5)*
- *Trustee-to-Trustee Distribution Form for Rollovers (Form 193)*



MARYLAND  
STATE RETIREMENT  
and PENSION SYSTEM

## Frequently Asked Questions...

when filing the

### Application for Withdrawal of Accumulated Contributions (Form 5)

Please review the following information in regard to applying to withdraw your accumulated contributions. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- Question:** Do I need to have my former employer sign the Form 5?  
**Answer:** If your termination date is less than six months from the date you complete the Form 5, you must forward the form to your former employer. You should send to the attention of the retirement coordinator or personnel office.
- If your termination date is more than six months from the date you complete the Form 5, then you may send the form directly to the Maryland State Retirement Agency.
- Question:** Does the Form 5 need to be notarized?  
**Answer:** Yes. You must sign and date the form in the presence of a notary who will then affix the official seal and complete the required information. Be sure the notary enters your name on the line provided after "personally appeared" or the form will not be valid and no action will be taken.
- By completing the Form 5, you are terminating your membership in the Maryland State Retirement and Pension System and are forfeiting any right to a future benefit including disability benefits. It is important that you acknowledge this forfeiture in the presence of a notary.
- Question:** Do I need to complete the *Trustee-to-Trustee Distribution Form for Rollovers* (Form 193)?  
**Answer:** If you choose Refund Choice 2 or 3 you must sign and complete page one of the Form 193. Your financial institution must complete and return page two of the Form 193. The Form 193 is not valid unless both sections are properly completed.
- Some "eligible retirement plans" do not accept rollovers, some do not accept rollovers of after-tax amounts and some may accept after-tax amounts if they separately account for the amount. IRC Section 457(b) governmental plans and IRC Section 403(a) annuity plans do not accept transfers of non-taxable amounts. Please check with the receiving plan as to whether or not they can accept the rollover before sending the Form 193 to the Agency.
- Non-Taxable amounts – these amounts have already been subject to federal tax. If that is the only amount you wish refunded to you, write "NON-TAXABLE" on the line provided in Choice #2.
- Note: The non-taxable amount will be determined at the time of the refund.
- Question:** If I choose Refund Choice 2 or 3 will the refund check be mailed directly to the financial institution accepting the rollover?  
**Answer:** No. The refund check will be mailed to you at the address you provide on the Form 5. The refund check will be payable to you and the financial institution and you are responsible for delivering the check to the financial institution as soon as possible to complete the rollover.

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Application for Withdrawal of Accumulated Contributions Package (REV. 11/18)

### SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the **Maryland State Retirement and Pension System** (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice is provided to you by the **State Retirement Agency** (your "Plan Administrator") because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to an IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

This Notice is designed to satisfy the requirements of Section 402(f) of the Internal Revenue Code. The State Retirement Agency has customized the IRS Safe Harbor Explanation by omitting those portions of the Notice that do not apply to the Plan and by providing additional relevant information.

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if an eligible employer plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to an IRA or split your rollover amount between the employer plan in which you will participate and an IRA. If an eligible employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### GENERAL INFORMATION ABOUT ROLLOVERS

#### How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 ½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59 ½), unless an exception applies.

If you do a rollover to a traditional IRA or an eligible employer plan, you will not have to pay tax until you receive payments later from the IRA or plan, and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception applies).

If you do a rollover to a Roth IRA, you will be taxed on the amount rolled over (reduced by any after-tax amount). However, if you are under age 59 ½ at the time of the rollover, the 10% additional income tax will not apply. See the section below titled "If you roll over your payment to a Roth IRA" for more details.

| IRS SAFE HARBOR EXPLANATION – Rev Nov 2018

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Application for Withdrawal of Accumulated Contributions Package (REV. 11/18)

- Question:** How long will it take for me to get my refund?  
**Answer:** Please allow up to 90 days from the latter of the receipt by the retirement agency of your last payroll contribution (the last pay period from your resignation/termination) or the date of receipt of the properly completed forms for processing.
- Due to the volume of requests, the agency does not acknowledge receipt of withdrawal requests. Requests for withdrawals are processed in the order received. If you are rolling over your money, please inform the financial institution that it could take up to 90 days to receive the money.
- Question:** Is there any way to expedite payment?  
**Answer:** No. Withdrawal requests are processed in the order that they are received.
- Question:** Will my refund be sent direct deposit?  
**Answer:** No. You will receive a paper check mailed to the address you provide on the Form 5.
- If you move before the refund has been processed, notify the agency in writing of your new address, including a full signature and social security number or date of birth. You can mail or fax the change of address to 410-468-1713.
- Question:** Are taxes withheld from my refund?  
**Answer:** If you select Refund Choice 1, "entire amount refunded," or Refund Choice 2, refund a designated amount, then the agency is required to withhold 20% of any taxable amount paid to you for federal taxes, and if you are a Maryland resident, the agency is required to withhold 7.75% of any taxable amount for Maryland state taxes.
- If you select Refund Choice 3, "entire amount transferred to an eligible retirement plan," then the agency will not withhold any amount for federal or Maryland state taxes.
- If you have any questions about your specific tax situation, consult your financial advisor, CPA or the Internal Revenue Service. The retirement agency cannot advise you on tax issues.
- Question:** Where do I send the completed forms?  
**Answer:** Return the completed forms to:  
Maryland State Retirement Agency  
120 E. Baltimore Street  
Baltimore, MD 21202-6700
- Or fax to:  
410-468-1700
- Please note: If you fax your completed forms to the Retirement Agency, the Notary seal on Form 5 must be visible by Agency staff.

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Application for Withdrawal of Accumulated Contributions Package (REV. 11/18)

until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your payment will then be processed in accordance with your election as soon as practical after it is received by the Plan administrator.

### FOR MORE INFORMATION

You may wish to consult with the Plan administrator or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

**The State Retirement Agency strongly urges you to consult with a qualified tax advisor, the Internal Revenue Service, or a Certified Public Accountant regarding the tax consequences of your distribution as it relates to your specific tax situation.**

| IRS SAFE HARBOR EXPLANATION – Rev Nov 2018

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Application for Withdrawal of Accumulated Contributions Package (REV. 11/18)



## IMPORTANT: PLEASE READ "SUMMARY OF MAJOR RETIREMENT BENEFITS"

BENEFITS	SYSTEMS			
	Non-Contributory /Contributory Pension System	Alternate Contributory Pension Selection Plan – enrolled before 7/1/2011	Reformed Contributory Pension Benefit – Enrolled on or after July 1, 2011	Retirement System – <i>Note: Bifurcated members are in the Retirement System but receive a combination benefit from both the Retirement &amp; applicable Pension System</i>
<b>Service Retirement Eligibility</b>	<p><u>Members enrolled prior to 7/1/2011:</u>            Age 62 with at least 5 years of eligibility service, OR            Age 63 with at least 4 years of eligibility service, OR            Age 64 with at least 3 years of eligibility service, OR            Age 65 or older with at least 2 years of eligibility service, OR            At least 30 years of eligibility service regardless of age.</p> <p><u>Members enrolled 7/1/2011 or later:</u>            See Reformed Contributory Pension section</p>	Age 62 with at least 5 years of eligibility service, OR Age 63 with at least 4 years of eligibility service, OR Age 64 with at least 3 years of eligibility service, OR Age 65 or older with at least 2 years of eligibility service, OR At least 30 years of eligibility service regardless of age.	Age 65 with at least 10 years of eligibility service, OR Rule of 90 (sum of age and eligibility service equal 90).	At least age 60, regardless of creditable service, OR At least 30 years of creditable service, regardless of age.
<b>Formula</b>	<p><u>Non-Contributory Pension:</u> .8% of average final compensation up to Social Security integration level, plus 1.5% of average final compensation in excess of the Social Security Integration Level, times creditable service.</p> <p><u>Contributory Pension:</u> 1.2% of average final compensation times service credit as of June 30, 1998, plus 1.4% of average final compensation times creditable service earned after June 30, 1998.</p>	1.2% of average final compensation times creditable service as of June 30, 1998, plus 1.8% of average final compensation after June 30, 1998.	1.5% of average final compensation times creditable service.	1.8% of average final compensation times creditable service.

## PUBLIC SAFETY PLANS

STATE POLICE RETIREMENT SYSTEM

- Service Retirement:** at age 50, or with 22 years (25 years for members enrolled 7/1/2011 or later) of eligibility service.
- Vested Retirement:** at age 50 if you have at least 5 years (10 years for members enrolled 7/1/2011 or later) of eligibility service.
- Ordinary Disability Retirement:** If you are permanently incapacitated with at least 5 years of eligibility service, regardless of age.
- Special Disability Retirement:** If you are permanently incapacitated in the performance of duty, regardless of age or creditable service.
- Cost-of-Living Adjustment to Retirement Benefit:** Must be retired at least one year as of July 1. Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment unlimited for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.

CORRECTIONAL OFFICERS' RETIREMENT SYSTEM

- Service Retirement:** at age 55 OR have 20 years of eligibility service, the last 5 years of which must be as a member in one of the classifications listed above.
- Vested Retirement:** at age 55 (60 for security attendants at Clifton T. Perkins Hospital Center who separated employment before July 1, 2016) if you have at least 5 years (10 years for members enrolled 7/1/2011 or later) of eligibility service.
- Ordinary Disability Retirement:** If you are permanently incapacitated with at least 5 years of eligibility service, regardless of age.
- Accidental Disability Retirement:** If you are permanently incapacitated in the performance of duty, regardless of age or creditable service.
- Cost-of-Living Adjustment to Retirement Benefit:** Must be retired at least one year as of July 1. Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment unlimited for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.

LAW ENFORCEMENT OFFICERS' PENSION PLAN

- Service Retirement:** at age 50 or with 25 years of eligibility service.
- Vested Retirement:** at age 50 with at least 5 years (10 years for members enrolled 7/1/2011 or later) of eligibility service.
- Ordinary Disability Retirement:** If you are permanently incapacitated with at least 5 years of eligibility service, regardless of age.
- Accidental Disability Retirement:** If you are permanently incapacitated in the performance of duty, regardless of age or creditable service.
- Cost-of-Living Adjustment to Retirement Benefit:** Must be retired at least one year as of July 1. Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment limited to a maximum of 3% of the current retirement benefit for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.

## OTHER RETIREMENT SYSTEMS

JUDGES' RETIREMENT SYSTEM

- For an individual who was a member of the Judges' Retirement System on or before June 30, 2012:
  - A Retirement Allowance** if: (1) You are at least age 60 regardless of the years of creditable service as a judge or (2) You resign because of an incapacitating illness regardless of age or years of creditable service as a judge.
  - A Vested Retirement Allowance:** At age 60 if you leave your accumulated contributions on deposit with the Maryland State Retirement Agency.
- For an individual who was a member of the Judges' Retirement System on or after July 1, 2012:
  - A Retirement Allowance** if: (1) You are at least age 60 and have at least five years of eligibility service or (2) You resign because of an incapacitating illness regardless of age or years of creditable service as a judge.
  - A Vested Retirement Allowance:** At age 60 if you have at least five years of eligibility service and if you leave your accumulated contributions on deposit with the Maryland State Retirement Agency.

LEGISLATIVE PENSION SYSTEM - For members of the Legislative Pension System, please call the Maryland State Retirement Agency for information.

**If you wish to apply for one of the benefits, contact your employer's retirement coordinator or a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909 for the appropriate form or for additional information. Keep this information for your records.**

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**APPLICATION FOR WITHDRAWAL  
OF ACCUMULATED CONTRIBUTIONS**

RETIREMENT USE ONLY

Form 5 (REV. 10/17)

**Purpose of this form:** This form is used by an individual to request a withdrawal of his or her balance of accumulated contributions from the Maryland State Retirement and Pension System (System). An individual is eligible to request a withdrawal only if he or she has resigned or has been terminated from the position which made the person eligible to participate in the System. If you have not resigned your position or you have not been terminated from your position you are not eligible to withdraw your balance of accumulated contributions from the System.

**INSTRUCTIONS**

- Please print in ink, using one space per letter or number and skip a space between words.
- The top portion of this form (Section I) is to be completed by the person who is applying to withdraw his or her balance of accumulated contributions from the System.
- Your signature on this form must be notarized.  
Do not sign on the Member's Signature line until you are in the presence of a Notary Public who can notarize your signature.
- If your resignation/termination date is less than six months from the date that you are completing and submitting this form, a representative from your former employer's human resources department must complete the bottom portion of the form (Section II), titled "To be completed by the Retirement Coordinator," before you submit the completed form to the Retirement Agency.
- If you choose Refund Choice No. 1 you do not need to complete the Form 193 *Trustee-to-Trustee Distribution Form for Rollovers*.
- If you choose Refund Choice No. 2 or Refund Choice No. 3 a completed copy of the Form 193 *Trustee-to-Trustee Distribution Form for Rollovers* must be submitted with this form.
- Please allow up to 90 days from the latter of the Retirement Agency's receipt of your payroll contribution (the last pay period from your resignation/termination) or the receipt of your properly completed forms for the Retirement Agency to process your request.
- Refunds are paid by paper checks which are mailed to the address that you provide on this form. Note: Even if you requested to roll over all or a portion of your refund, all checks are mailed to you at the address provided on this form.
- The Retirement Agency will withhold federal taxes equal to 20% and Maryland state taxes (only if you are a Maryland resident) equal to 7.75% of the taxable refund amount not rolled over to another qualified retirement plan.
- If you need additional assistance to complete this form, you may call 410-625-5555 or toll-free 1-800-492-5909.
- The original, completed form must be returned to the Maryland State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202-6700 or faxed to 410-468-1700.  
  
Please note: If you fax your completed forms to the Retirement Agency, the Notary seal on Form 5 must be visible by Agency staff.

# SECTION I — To be completed by the Withdrawal Applicant

## SOCIAL SECURITY NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of the Employing Agency at Resignation/Termination \_\_\_\_\_

Email Address \_\_\_\_\_

## NAME

First \_\_\_\_\_

Initial \_\_\_\_\_

Last \_\_\_\_\_

## DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month Day Year

## HOME ADDRESS

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP Code

Are you a resident of Maryland? No \_\_\_\_ Yes \_\_\_\_ (For Maryland residents, State income tax withholding of 7.75% will be withheld from the taxable amount paid to you.)

Resignation/Termination Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mo. Day Yr. If date entered is less than six months from date this form is signed, return completed form to your former employer's retirement coordinator to complete bottom section.

Have you submitted a claim for disability? No \_\_\_\_ Yes \_\_\_\_ If Yes, know that by completing and submitting this form, you are forfeiting all rights to a future benefit, including disability, and your disability claim will be terminated.

Are you terminating from an approved leave of absence and from employment? No \_\_\_\_ Yes \_\_\_\_ If Yes, give date terminated: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mo. Day Yr.

Are you transferring to a State Agency, County Board of Education, or Participating Governmental Unit? No \_\_\_\_ Yes \_\_\_\_

If yes, give name of new employing agency \_\_\_\_\_

PLEASE READ THE FREQUENTLY ASKED QUESTIONS AND SPECIAL TAX NOTICE BEFORE SELECTING YOUR CHOICE. CHECK ONE:

REFUND CHOICE NO. 1	REFUND CHOICE NO. 2 (Complete Form 193)	REFUND CHOICE NO. 3 (Complete Form 193)
Entire amount refunded to me.	Refund \$_____ to me. Balance transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) (If transferring to a 457(b) governmental plan or 403(a) annuity plan, the minimum payable to me is the non-taxable amount, if any.)	Entire amount transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) Both 457(b) governmental plans and 403(a) annuity plans prohibit a rollover of non-taxable funds from this plan.)

A rollover of after-tax amounts is only permitted to an IRA or as a direct rollover to a 401(a) plan or 403(b) annuity that agrees to separately account for the after-tax amounts. Any employer pick-up contributions transferred under payment choices 2 or 3 lose their post tax status for Maryland income tax purposes. Mandatory federal income tax withholding is at the rate of 20% on the taxable amount paid to you.

**Signature and Certification:** I apply for the withdrawal of my accumulated contributions with interest earned and thereby terminate my membership in the Maryland State Retirement and Pensions System and forfeit any further right to receive a future benefit, including disability retirement benefits. I have read and understand the Summary of Major Retirement Benefits. By signing below, I certify the following:

- 1) the information I have provided herein is correct;
- 2) as of the date of this application, I have separated from my employment with all employers that participate in the System; and
- 3) I have received the IRS Safe Harbor explanation titled **Special Tax Notice Regarding Your Rollover Options** ("Special Tax Notice"), have had an opportunity to review the Special Tax Notice with my tax advisor, accountant, attorney, or the IRS, and understand my options with respect to receipt of a distribution from the System at this time. I understand that I have at least 30 days to review the Special Tax Notice and consider whether or not to have my payment rolled over. I further understand that, if I complete and submit this form prior to the end of the 30-day period for reviewing the Special Tax Notice, I have waived my right to the 30-day period to review the Special Tax Notice.

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This form must be signed and notarized in order to be valid.

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned  
officer, personally appeared \_\_\_\_\_, known to me  
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*  
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.  
Signature of Notary Public \_\_\_\_\_  
Printed Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

# SECTION II — To be completed by the Retirement Coordinator

RETIREMENT COORDINATOR COMPLETES THIS SECTION EMPLOYING AGENCY NAME: \_\_\_\_\_

This member's resignation/termination date is: \_\_\_\_\_ This member's pay period ending date is: \_\_\_\_\_  
I certify that the above information regarding resignation/termination date is true and accurate to the best of my knowledge and that I am authorized to certify this information by my employer.

Retirement Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

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Application for Withdrawal of Accumulated Contributions Package (REV. 11/18)

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**TRUSTEE-TO-TRUSTEE DISTRIBUTION FORM  
FOR ROLLOVERS**

RETIREMENT USE ONLY Form 193 (REV. 10/17)

**Purpose of this form:** This form is used by an individual applying to receive a lump sum payment from the Maryland State Retirement Agency and who wants to rollover all or a portion of the payment to another qualified retirement plan.

**Instructions**

- Section I of this form is to be completed by the individual (the Payee) who is applying to receive the lump sum payment from the Retirement Agency.
- Section II of this form is to be completed by a representative of the financial institution who will be accepting the rollover.
- Please print in ink, using one space per letter or number and skipping a space between words.
- Keep a copy of the completed form for your records.
- If you need additional assistance, please contact a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.
- The completed form must be returned to the Maryland State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202-6700 or faxed to 410-468-1700.



SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Ext. <input type="text"/>
NAME		
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First	Initial	Last
HOME ADDRESS		
<input type="text"/>		
Number and Street		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/>
City	State	ZIP Code

<input type="checkbox"/>	Withdrawal of Accumulated Contributions (Form 5)
<input type="checkbox"/>	Withdrawal of Voluntary Funds (Form 742)
<input type="checkbox"/>	Application for Payment of Lump Sum Deferred Vested Benefit (Form 742.1)
<input type="checkbox"/>	Death Benefit (Surviving Spouse of Employee or Retiree) (Form 745)
<input type="checkbox"/>	Withdrawal of Deferred Retirement Option Program (DROP) Account (Forms 505; 757)

☐ Pay to me all federal "NON-TAXABLE" funds to be determined at time of payment.

PAYEE (Signature): \_\_\_\_\_ DATE: \_\_\_\_\_

## Revised 7/1/2019



## **Application for an Estimate of Service Retirement Allowance FORM 9**

### **APPLICANT COMPLETES FORM**

- Verify the Social Security number is correct.
- Only one "Effective Date of Retirement" may be entered on this form. If estimates for more than one retirement date are needed, submit a separate form for each effective date of retirement.
- Complete only the front page of the form.
- **RETIREMENT ALLOWANCES:** If member names a beneficiary, member will receive an estimate for the Basic Allowance and all option allowances (1-6). If choosing Option 2 or 5, beneficiary cannot be more than 10 years younger than the member unless the beneficiary is the spouse or disabled child. If no beneficiary is named, member will receive an estimate for the Basic Allowance and Options 1 and 4 only.
- Only one beneficiary may be listed on each form. The age of the beneficiary affects the benefit amount under options 2, 3, 5 or 6. If estimates for more than one beneficiary are needed, submit a separate form for each beneficiary.
- Sign and date the form.

### **RETIREMENT COORDINATOR**

- Review the Important Points to Know and estimate checklist for more detailed retirement estimate information.
- Remind member that once their first retirement check becomes due, they cannot change allowance option.

**An estimate request does not obligate member to retire.**

Estimates may take up to three months or longer to process.

## APPLICATION FOR AN ESTIMATE OF SERVICE RETIREMENT ALLOWANCE

FOR RETIREMENT USE ONLY

FORM 9 (REV. 12/16)

SOCIAL SECURITY NUMBER      EFFECTIVE DATE OF RETIREMENT      DAYTIME TELEPHONE NUMBER

-    -        
   -    -        
    -    -

MO      DAY      YR     

NAME FIRST LAST

ADDRESS	FIRST	MIDDLE	LAST

NUMBER AND STREET

\_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP CODE

**EMAIL ADDRESS:**

If electing Option 2 or 5, you CANNOT designate a beneficiary who is more than 10 years younger UNLESS the beneficiary is your SPOUSE or DISABLED CHILD.

If Option 2, 3, 5 or 6 is requested complete the following:

Relationship (check) : Spouse ☐ Disabled child ☐ Other ☐ Beneficiary's Date of Birth  -  -  Beneficiary's Gender

[illegible]

- |                 |   |
|-----------------|---|
| <b>BASIC</b>    | The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.   |
| <b>OPTION 1</b> | Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.   |
| <b>OPTION 2</b> | Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.  |
| <b>OPTION 3</b> | Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.   |
| <b>OPTION 4</b> | Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.   |
| <b>OPTION 5</b> | Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.          |
| <b>OPTION 6</b> | Provides a lower monthly benefit than the Basic Allowance, but guarantees that, after your death, one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application. |

**For Active Members Only:** Do you wish to purchase any previous service for which you are eligible?    ☐ YES    ☐ NO  
If yes, obtain a Form 26 from your retirement coordinator or download the form at [sra.maryland.gov](http://sra.maryland.gov) and attach a copy with this application.

Member's Signature

Date \_\_\_\_\_



# Important Points To Know...

when filing the

## *Application for an Estimate of Service Retirement Allowance (Form 9)*

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Please review the following information in regards to requesting a retirement allowance estimate. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

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- ☐ **Completion of a request for an estimate (Form 9) does not obligate you to retire on the date entered on the form.**
- ☐ The estimate of the options selected on the form does not include any unused sick leave days you may have at the time of retirement. At retirement, your employer will certify any unused sick leave days to the Retirement Agency but you must retire within 30 days of separating from employment in order to be credited with these days. These days are then converted into months and increase the monthly benefit you will actually receive.
- ☐ The estimates do not include deductions for taxes, health insurance, etc. They are estimated gross monthly amounts.
- ☐ You must claim any military service you have prior to your retirement. Military service claimed prior to submission of the estimate form (Form 9) will reflect that military credit in the monthly benefits shown on the estimate.
- ☐ **Active Members Only:** Submit the Request to Purchase Previous Service (Form 26) if you want to purchase any eligible service that is not in your account. A purchase request must be submitted to SRA prior to retiring. You may request the cost to purchase eligible service when you are within 12 months of retiring. If you are submitting a purchase request, you should submit the estimate form (Form 9) and check the bottom of the form in order to receive an estimate based on your service with and without the purchase.
- ☐ Estimates will only be done if the retirement date that you entered on the form is within one year of the date when the form was completed. You must also be eligible to retire on the date that you selected. Retirement dates are always the first of the month.
- ☐ Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important. Your option selection may affect your beneficiary's eligibility for continued health insurance.

*Continued on following page.*

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Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

sra.maryland.gov  
Page 2 of 3

## Important Points to Know when filing the *Application for an Estimate of Service Retirement Allowance (Form 9)*

*Continued from previous page.*

☐ Provide a beneficiary's name, relationship to you, date of birth, and gender if you are interested in a dual-life annuity and ongoing beneficiary health benefit coverage. If you choose Option 2 or Option 5, the beneficiary may not be more than ten years younger than you unless the beneficiary is your spouse or your disabled child. You may still provide a monthly benefit to a beneficiary more than ten years younger who is not your spouse or disabled child under Option 3 or Option 6.

☐ Review your Benefits Handbook which may be found on the Retirement Agency website at [www.sra.state.md.us](http://www.sra.state.md.us) for an explanation regarding each payment option.

You may also speak with a retirement benefits specialist to discuss the options either by making an appointment or by calling a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

☐ Due to the volume of requests, the Retirement Agency does not acknowledge receipt of estimate requests. Please allow at least eight weeks for processing.

☐ Return this form to the address below or fax to 410-468-1707.

☐ When you are ready to start receiving your retirement benefit, please contact your retirement coordinator, a retirement benefits specialist or visit the Retirement Agency website to receive the necessary forms.

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Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

[sra.maryland.gov](http://sra.maryland.gov)

Page 3 of 3

Name of Member \_\_\_\_\_

Date \_\_\_\_\_

## CHECKLIST FOR FORM 9

(Application for an Estimate of Service Retirement Allowance)

**Retirement Coordinator:** Please review the following checklist in order to assist members in completion of the Form 9.

- ☐ TIME FRAME: Recommend members within 12 months of retiring request an estimate.

UNUSED SICK LEAVE: The estimated monthly benefits provided by the Maryland State Retirement Agency will not include any unused sick leave credit the member may receive at retirement.

At retirement, the unused sick leave days are reported and will be counted if the member retires and submits their retirement paperwork within 30 days of separating from employment.

- ☐ Instruct member to provide Social Security number, name, address and daytime telephone number.
- ☐ DATE OF RETIREMENT (MM DD YYYY) must be within one year of the date the member is completing the application.

To receive an estimate, the member must be eligible to retire on the effective date of retirement entered on the form.

If an estimate is desired for more than one retirement date, submit separate forms for each date.

Once the member has received the estimate, any questions on the options should be directed to a MSRA retirement benefits specialist.

A member may make an appointment to see a MSRA retirement benefits specialist to answer questions, or may call and speak with a MSRA retirement benefits specialist, or may submit his/her questions in writing or by email to be answered by a MSRA retirement benefits specialist.

To make appointments or speak with a MSRA retirement benefits specialist, call (410) 625-5555 or 1-800-492-5909.

Member may direct questions by email to [sra@sra.state.md.us](mailto:sra@sra.state.md.us) or to the following address:

**Maryland State Retirement Agency  
120 East Baltimore Street  
Baltimore, MD 21202**

RETIREMENT ALLOWANCES: If member names a beneficiary, member will receive an estimate for the Basic Allowance and all option allowances (1-6). If no beneficiary is named, member will receive an estimate for the Basic Allowance and Options 1 and 4 only.

Remind member that once their first retirement check is paid, they cannot change allowance option.

- ☐ **IMPORTANT: Option 2 or Option 5, the beneficiary listed on the form may not be more than 10 years younger than the member unless the beneficiary is the member's spouse or disabled child.**

- ☐ PURCHASE SERVICE CREDIT: Submit the *Request to Purchase Previous Service (Form 26)* with the Form 9 if the member wants to purchase eligible service for previous time worked and desires knowing how the purchase will affect the retirement benefit. A request to purchase service credit must be made prior to retirement and within 12 months before the member retires.

Send the *Request to Purchase Previous Service (Form 26)* to the employer where the service was worked for verification. Form 26 is then sent to the MSRA for determination of cost. A request to purchase does not obligate the member to purchase credit.

- ☐ Instruct the member to sign and date the form and mail it to the address shown at the top of the form.

## **CHECKLIST FOR FORM 9**

(Application for an Estimate of Service Retirement Allowance)

**MILITARY CREDIT:** Instruct the member to claim any military service prior to retiring by completing *Claim of Retirement Credit for Military Service (Form 43)*. A request to claim military service must be made prior to retirement

**VIDEOS:** Encourage the member to view retirement videos on website [www.sra.maryland.gov](http://www.sra.maryland.gov)

**SEMINARS:** Encourage the member to attend one of the state-sponsored pre-retirement seminars. Any member who is within eight years of retirement may attend these sessions. Registration for the Pre-Retirement Seminars may be provided by the retirement Coordinator, by downloading the registration form from the web site at [www.sra.maryland.gov](http://www.sra.maryland.gov) or by contacting the Maryland State Retirement Agency at the numbers indicated on this form.

**QUESTIONS?** Refer all questions regarding retirement issues, benefits, or policy be directed to a MSRA retirement benefits specialist.

See **Error! Reference source not found.**

## **State Police - Application for an Estimate FORM 10**

### **APPLICANT COMPLETES FORM**

- Verify that the Social Security number is correct.
- Only one "Effective Date of Retirement" may be entered on this form. If estimates for more than one retirement date are needed, submit a separate form for each effective date of retirement.
- Complete only the front page of the form.
- **RETIREMENT ALLOWANCES:** If not married, the optional allowances are available. For the optional allowances, only one beneficiary may be listed on each form. If estimates for more than one beneficiary are needed for options 2, 3, 5 or 6, submit a separate form for each beneficiary.
- If choosing Option 2 or 5, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is a disabled child.
- Sign and date the form.

### **RETIREMENT COORDINATOR**

- Review the checklist containing more detailed retirement information.

**An estimate request does not obligate member to retire.**

**Estimates may take up to three months or longer to process.**





# Important Points To Know...

when filing the State Police Retirement System

## *Application for an Estimate of Service Retirement Allowance (Form 10)*

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Please review the following information in regards to requesting a retirement allowance estimate. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

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- ☐ Completion of a request for an estimate (Form 10) does not obligate you to retire on the date entered on the form.
- ☐ The estimate of the options selected on the form does not include any unused sick leave days you may have at the time of retirement. At retirement, your employer will certify any unused sick leave days to the Retirement Agency but you must retire within 30 days of separating from employment in order to be credited with these days. These days are then converted into months and increase the monthly benefit you will actually receive.
- ☐ You must claim any military service you have prior to your retirement. Military service claimed prior to submission of the estimate form (Form 10) will reflect that military credit in the monthly benefits shown on the estimate.
- ☐ Submit the Request to Purchase Previous Service (Form 26) if you want to purchase any eligible service that is not in your account. A purchase request must be submitted to SRA prior to retiring. You may request the cost to purchase eligible service when you are within 12 months of retiring. If you are submitting a purchase request, you should submit the estimate form (Form 10) and check the bottom of the form in order to receive an estimate based on your service with and without the purchase.
- ☐ Estimates will only be done if the retirement date that you entered on the form is within one year of the date when the form was completed. You must also be eligible to retire on the date that you selected.
- ☐ By law, State Police Retirement System members who are married on the date of retirement receive the Basic Allowance. If you are married when you submit Form 10, you will receive an estimate for the Basic Allowance only.
- ☐ If you are not married at retirement, you may select the Basic Allowance or any of the six options. Unmarried members submitting Form 10 will receive estimates for all these options. Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important.

*Continued on following page.*

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Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

[sra.maryland.gov](http://sra.maryland.gov)

Page 2 of 3

## Important Points to Know when filing the State Police Retirement System *Application for an Estimate of Service Retirement Allowance* (Form 10)

*Continued from previous page.*

- ☐ Provide complete information about your beneficiary. If you choose Option 2 or Option 5, your beneficiary may not be more than ten years younger than you unless the beneficiary is your disabled child.
- ☐ Review your Benefits Handbook on the SRA website at [sra.maryland.gov](http://sra.maryland.gov) for an explanation regarding each payment option.

You also may speak with a retirement benefits specialist to review your options. Call 410-625-5555 or toll-free 1-800-492-5909 to schedule an appointment or discuss your options over the telephone.

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Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

[sra.maryland.gov](http://sra.maryland.gov)

Page 3 of 3



Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### CHECKLIST FOR FORM 10

(State Police - Application for an Estimate of Service Retirement Allowance)

**Retirement Coordinator:** Please review the following checklist in order to assist in completion of the Form 10.

- ☐ **TIME FRAME:** Recommend that a request for an estimate be done within 12 months of retiring.

**UNUSED SICK LEAVE:** The estimated monthly benefits provided by the State Retirement Agency will not include any unused sick leave credit the applicant may receive at retirement. At retirement, the unused sick leave days are reported and will be counted if the applicant retires and submits their retirement paperwork within 30 days of separating from employment.

- ☐ Instruct applicant to provide Social Security number, name, address and daytime telephone number.

- ☐ **DATE OF RETIREMENT (MM DD YYYY)** must be within one year of the date the applicant is completing the application.

To receive an estimate, the applicant must be eligible to retire on the effective date of retirement entered on the form.

If an estimate is desired for more than one retirement date, submit separate forms for each date.

#### RETIREMENT ALLOWANCES:

- ☐ By law, if the applicant is married, he or she must check only the Basic Allowance.
- ☐ If the applicant is not married, recommend he or she check off as many option selections as possible.

Checking various option payments will provide the applicant with more monetary information which will assist the applicant in making a sound financial decision in choosing a payment option.

- ☐ Advise the applicant who selected Option 2, 3, 5, or 6 of the following:

Applicant must enter beneficiary information on one person in order to receive estimated benefits under Options 2, 3, 5, or 6.

Applicant must provide relationship of beneficiary to the applicant, name of the beneficiary, beneficiary's birth date and gender.

**IMPORTANT: If Option 2 or Option 5 is selected, the beneficiary listed on the form may not be more than 10 years younger than the member unless the beneficiary is the applicant's disabled child.**

- ☐ **PURCHASE SERVICE CREDIT:** Submit the *Request to Purchase Previous Service (Form 26)* with the Form 10 if the applicant wants to purchase eligible service for previous time worked and desires knowing how the purchase will affect the retirement benefit. A request to purchase service credit must be made prior to retirement.

## CHECKLIST FOR FORM 10

(State Police - Application for an Estimate of Service Retirement Allowance)

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Continued from previous page.

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- ☐ Instruct the applicant to sign and date the form and mail it to the address shown at the top of the form.
- ☐ Once the applicant has received the estimate, any questions on the options should be directed to a MSRA retirement benefits specialist.

An applicant may make an appointment to see a retirement benefits specialist to answer questions, or may call and speak with a MSRA retirement benefits specialist, or may submit his/her questions in writing or by email to be answered by a MSRA retirement benefits specialist.

To make appointments or speak with a MSRA retirement benefits specialist, call (410) 625-5555 or 1-800-492-5909.

Applicant may direct questions by email to [sra@sra.maryland.gov](mailto:sra@sra.maryland.gov). An applicant may also mail any questions to the following address:

**Maryland State Retirement Agency  
120 East Baltimore Street  
Baltimore, MD 21202**

Recommend applicant thinking of retiring:

**MILITARY CREDIT:** Instruct the applicant to claim any military service prior to retiring by completing *Claim of Retirement Credit for Military Service (Form 43)*. A request to claim military service must be made prior to retirement.

**PLANNING:** Encourage the applicant to attend a state-sponsored pre-retirement seminar held in the Spring at Maryland State Police headquarters. Any applicant who is within eight years of retirement may attend this session.

**QUESTIONS:** Recommend any questions regarding retirement issues, benefits, or policy be directed to a MSRA retirement benefits specialist.

Remind applicant to contact the Retirement Coordinator within six to eight weeks prior to retiring to receive the retirement application forms to retire.

## Application for Service or Disability Retirement FORM 13-23

### APPLICANT'S SECTION

- Read instructions fully before completing.
- Also complete & submit: Direct Deposit Electronic Fund Transfer Sign-Up Form 85 and the Federal and State Tax Withholding Request Form 766.
- Complete Social Security number, name, address, daytime telephone.
- Indicate type: service retirement, ordinary disability or accidental disability retirement.
- Retirement date must be completed. Disability only: If blank, retirement agency will provide earliest retirement date (i.e. off payroll, claim date or end of LOA).
- If date is other than the first of the month, the retirement date is the first of the following month.

**DISABILITY RETIREMENT:** Must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

- Answer all questions asked. Refer to page 1 before answering the questions on Voluntary Monies.
- If one beneficiary is named, fill in complete address, Social Security number and date of birth.
- Form must be signed and dated by applicant in the presence of a notary public.
- Member must be off payroll on retirement date.

### OPTION SELECTION

- Select only one allowance option by signing and dating option choice
- If Options 2, 3, 5 or 6 are chosen, proof of birth must be attached for the beneficiary. Only one beneficiary may be chosen.
- If Option 2 or 5 is selected, the beneficiary chosen cannot be more than 10 years younger than the applicant unless the beneficiary is the spouse or applicant's disabled child. If the beneficiary under Option 2 or Option 5 is the

member's disabled child, complete Verification of Retiree's Disabled Child FORM 143 and send it with Form 13-23.

- See member proof of birth listed for Form 1 for acceptable beneficiary proof of birth date.
- Option Waiver (Form 703): Retiree can change their allowance option selection only by filing an Option Waiver (Form 703) and a new retirement application with MSRA before first payment is due.

### RETIREMENT COORDINATOR'S SECTION

- Complete "most recent payroll period reported" section, noting the effective date of the last payroll period reported to the MSRA.
- Complete payroll information projected to the date of retirement for the applicant. Enter the payroll period contribution amount, standard hours, actual hours paid and the payroll ending date.
- No retirement contribution withheld if the last pay period ends on or after the retirement date.
- If the applicant will have a new annual salary in any of the projected payroll periods prior to retirement, enter the salary and effective date.
- Review the checklist for detailed instructions and retirement information.

- Unused sick leave is leave that was actually available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

- Section E: Unused Sick Leave –Prior to retirement certify total days of unused sick leave on the last day worked and recertify unused leave 30 days after retirement date regardless of whether number of unused leave changes.

Retain a copy of form and submit recertification of unused sick leave 30 days after retirement.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**APPLICATION FOR SERVICE OR DISABILITY RETIREMENT**

**IMPORTANT:** If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120<sup>th</sup> day after the approval.

FOR RETIREMENT  
USE ONLY

FORM 13-23 (REV. 10/18)

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

**IMPORTANT:** Read the following instructions and information carefully before filling out this form.

1. In addition to this form, you should complete Forms 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request).
2. If you have chosen payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof of birth. You can name only one beneficiary under these options. For information on other acceptable proofs of birth date, call a retirement benefits specialist at the number shown above.
3. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 with this application.
4. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
5. If you are choosing the Basic Allowance, the Option 1 Allowance, or the Option 4 Allowance and you wish to name more than one beneficiary, you should not fill out the "Designation of Beneficiary" section on page 5. Instead, fill out and attach *Designation of Beneficiary* (Form 4).
6. If you are eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents after your death. Contact your employing agency for details.
7. You may change your retirement allowance selection only by filing a change with the Maryland State Retirement Agency before your first payment normally becomes due. In most cases, the first payment is due 30 days after the effective date of your retirement. For example, if your effective retirement date is July 1 and you elected Option 5, you have until July 30 to change your option selection with the State Retirement Agency. You may not change your option selection after monthly benefit payments have commenced.
8. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
9. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a retirement benefits specialist.
10. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
11. Generally speaking, a member may not receive more than one type of retirement benefit.
12. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed Form 742 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a retirement benefits specialist at the number shown below.

**NEED HELP:** If you need help to complete this form, or need information on your retirement benefits or retirement process, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

## Reemployment After Retirement

VIDEO: For an overview of this information, go to [sra.maryland.gov](http://sra.maryland.gov), select YouTube or Vimeo and watch "Reemployment After Retirement."

### FOR RETIREES OF THE TEACHERS' RETIREMENT/PENSION, EMPLOYEES' RETIREMENT/PENSION, CORRECTIONAL OFFICERS' RETIREMENT, OR LOCAL FIRE & POLICE PENSION SYSTEMS

Keep a copy of this information on file as a handy reference. You should also keep your Notice of Retirement Allowance that the State Retirement Agency sends to you as a new retiree. The Notice of Retirement Allowance lists the amount of your monthly retirement allowance, your designated beneficiary(ies) and your earnings limitation. Refer to your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and the amount of your earnings limit. Then, apply the reemployment rules printed below to determine if an earnings limit applies for you. Once retired, you cannot enroll in another Maryland State Retirement and Pension System (SRPS) plan or the Optional Retirement Program (ORP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the SRPS you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

#### INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the greater the difference between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an "independent contractor" may not meet the IRS' standard.

#### MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of **45 DAYS** between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. This rule applies even if you retired from an employer that withdrew from the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

#### SERVICE RETIREMENT

(For disability retirement rules, see following page.)

**Applicable to all systems:** If you accept employment with a participating employer, that is an employer who offers State Retirement Benefits to their employees (a list of these employers can be found on page three), you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. If you accept employment with the *same employer* from which you retired, you are subject to an earnings limit. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules. If you are subject to an earnings limit, your allowance will be reduced only if your *reemployment earnings* exceed the earnings limitation printed on your Notice of Retirement Allowance.

Reemployment earnings are the annual reemployment compensation reported to the IRS that you received during a calendar year. Your benefit is reduced one dollar for every dollar you earn in excess of your limit, up to a maximum of the full retirement allowance. If you retired as an elected or appointed official, contact the State Retirement Agency to learn how the reemployment provisions apply to you.

**Applicable only to Employees'/Teachers' Systems:** Additionally, if you accept an early retirement and have been retired fewer than 12 months, you are subject to an earnings limit if you return to work for any participating employer during the first 12 months of retirement.

#### SERVICE RETIREMENT: EXCEPTIONS

**Applicable to all systems:** Earnings limits do not apply if your average final compensation used in your retirement calculation is less than \$25,000 and you are reemployed on a permanent, temporary or contractual basis. Earnings limits do not apply if you have been retired more than five years. With the exception of a January 1<sup>st</sup> retirement date, the five year period begins on January 1<sup>st</sup> of the year following the year of retirement.

**Applicable only to Teachers' Systems:** Earnings limits do not apply if you are a teacher who meets all of the following criteria:

- Is or has been certified to teach in the state,
- Has verification of satisfactory or better performance in last assignment prior to retirement,
- Has been appointed in accordance with §4-103 of the Education Article, and
- Retired with normal service retirement, or retired with an early service retirement and has been retired at least 12 months

AND

(continued on following page)



## SERVICE RETIREMENT EXCEPTIONS

(continued from previous page)

Is employed as a classroom teacher, substitute classroom teacher or teacher mentor for the Maryland School for the Deaf or in a public school that

- Is not making adequate yearly progress or is a school in need of improvement as defined under the federal No Child Left Behind Act of 2001, or
- Is receiving funds under Title 1 of the federal No Child Left Behind Act of 2001, or
- Has more than 50% of the students attending that school who are eligible for free and reduced-price meals, or
- Provides an alternative education program for adjudicated youths or students who have been expelled, suspended or identified for suspension or expulsion from public school

AND

- Shall teach in an area of critical shortage, or a special education class for students with special needs, or a class for students with limited English proficiency, or
- Is hired to teach any subject or class or provide education services under a special limited provision granted to the superintendent.

The superintendent may also grant a special limited exception to the earnings limit if the retiree is employed at any school to teach in an area of critical shortage, a special education class with special needs, a class for students with limited English proficiency, or provide education services.

Earnings limits do not apply if you are employed: **1)** as a principal within 5 years of retirement or **2)** as a principal not more than 10 years before retirement and were employed in a position supervising principals in the retiree's last assignment prior to retirement **AND** you are rehired as a principal at a public school outlined above.

Note: Teachers and principals must receive satisfactory or better performance evaluations each year to continue with the earnings limitation exception.

If you retired directly from employment as a faculty member with a 10-month salary at the University System of Maryland, Morgan State University, St. Mary's College or a Title 16 community college and are reemployed by the same employer, the following types of compensation will not be subject to an earnings limit: bonuses, overtime, summer school or adult education salaries, temporary payments for special research, honorariums or vehicle stipends.

**Applicable to Employees' Systems (rehired health care practitioners):** Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as a health care practitioner by the Department of Health and Mental Hygiene in a state residential center, chronic disease center, a state facility or a local health department are exempt from the earnings limitation (applies only to normal service retirement or early service retirement once the retiree has been retired for 12 months.)

**Applicable to Employees' Systems (rehired as parole and probation employees):** Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as parole and probation employees in positions with the Division of Parole and Probation in the Department of Public Safety and Correctional Services are exempt from an earnings limit for not more than 4 years.

**Applicable to Correctional Officers' Retirement System (rehired correctional officers):** Retirees of the Correctional Officers' Retirement System who are reemployed on a contractual basis as a correctional officer by the Division of Corrections, the Division of Pretrial Detention and Services or the Patuxent Institution in the Department of Public Safety and Correctional Services in an eligible correctional facility are exempt from the earnings limitation for a maximum of 4 years (does not apply to a disability retirement).

**Applicable to Teachers' Systems and Employees' Systems:** Retirees of the Teachers' Retirement System, Employees' Retirement System, Teachers' Pension System, and Employees' Pension System who are reemployed by the same employer from which they retired are not subject to a reemployment earnings limitation if the current employer is a unit of Maryland state government and compensation does not include any state funds.

## DISABILITY RETIREMENT

**Suspension of Disability Retirement:** An Ordinary or Accidental Disability allowance shall be temporarily suspended during a period of reemployment if a retiree is reemployed by any participating employer at an annual compensation that is at least equal to the retiree's average final compensation at retirement. If the disability retiree is eligible to receive a normal service retirement or began receiving a disability retirement allowance before July 1, 1998, no suspension of benefits is applied. There is no additional benefit accrued while reemployed by a participating employer.

If suspended, the retiree's allowance is reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. Also, the retiree's allowance at time of reinstatement is adjusted to reflect the accumulated cost of living adjustments during the period of suspension.

**Earnings limitation for Ordinary Disability Retirees Only:** If you have not reached normal retirement age and you accept employment with a participating employer and your current earnings from the employment exceeds your earnings limitation, then your benefit is reduced. The reduction is \$1.00 for every \$2.00 over the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit. If your pension is temporarily suspended as provided above, this earnings limitation does not apply during the period of suspension.

**There is no earnings limit for an Ordinary Disability Retiree who is reemployed with a non-participating employer.**

**The earnings limit does not apply for Accidental Disability Retirees.**

**Note:** An additional exception to the suspension of benefits and the earnings limitation applies to law enforcement officers formerly employed by an employer that participated in the Law Enforcement Officers' Pension System. These former officers are exempt if reemployed by a participating employer in any position other than a probationary status law enforcement officer, a law enforcement officer or chief, as defined in §3-101 of the Public Safety Article.

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

**State of Maryland  
University System of Maryland  
Baltimore City and All County Boards of Education (Teachers' System)  
Community Colleges and All Public Libraries (Teachers' System)**

**Participating Governmental Units in the Employees' System as of July 1, 2017**

Allegany College of Maryland	Federalsburg, Town of	Prince George's County Board of Education
Allegany County Board of Education	Frederick County Board of Education	Prince George's County Crossing Guards
Allegany County Commission	Frostburg, City of	Prince George's County Government
Allegany County Housing Authority	Fruitland, City of	Prince George's County Memorial Library
Allegany County Library	Garrett County Board of Education	Princess Anne, Town of
Allegany County Transit Authority	Garrett County Community Action Committee	Queen Anne's County Board of Education
Annapolis, City of	Greenbelt, City of	Queen Anne's County Commission
Anne Arundel County Board of Education	Greensboro, Town of	Queenstown, Town of
Anne Arundel County Community College	Hagerstown, City of	Ridgely, Town of
Berlin, Town of	Hagerstown Community College	Rock Hall, Town of
Berwyn Heights, Town of	Hampstead, Town of	St. Mary's County Board of Education
Bladensburg, Town of	Hancock, Town of	St. Mary's County Commission
Bowie, City of - Police Dept. (LEOPS)	Harford Community College	St. Mary's County, Housing Authority
Brunswick, City of	Harford County Board of Education	St. Mary's County Metropolitan Commission
Calvert County Board of Education	Harford County Government	St. Michaels, Commissioners of
Cambridge, City of	Harford County Library	Salisbury, City of
Caroline County Board of Education	Housing Authority of Cambridge	Shore Up!
Caroline County Sheriff Deputies	Howard Community College	Snow Hill, Town of
Carroll County Board of Education	Howard County Board of Education	Somerset County Board of Education
Carroll County Public Library	Howard County Community Action Committee	Somerset County Commission
Carroll Soil Conservation District	Hurlock, Town of	Somerset County Economic Development Commission
Catoctin & Frederick Soil Conservation District	Hyattsville, City of	Somerset County Sanitary District, Inc.
Cecil County Board of Education	Kent County Board of Education	Southern Maryland Tri-County Community Action Committee
Cecil County Government	Kent County Commissioners	Sykesville, Town of
Cecil County Library	Kent Soil and Water Conservation District	Takoma Park, City of
Centreville, Town of	Landover Hills, Town of	Talbot County Board of Education
Chesapeake Bay Commission	La Plata, Town of	Talbot County Council
Chestertown, Town of	Lower Shore Private Industry Council	Taneytown, City of
Cheverly, Town of	Manchester, Town of	Thurmont, Town of
College of Southern Maryland	Maryland Health & Higher Education Facilities Authority	Tri-County Council of Western Maryland
College Park, City of	Middletown, Town of	Tri-County Council for the Lower Eastern Shore
Crisfield, City of	Montgomery College	University Park, Town of
Crisfield Housing Authority	Morningside, Town of	Upper Marlboro, Town of
Cumberland, City of	Mount Airy, Town of	Walkersville, Town of
Cumberland, City of - Police Department	Mount Rainier, City of	Washington County Board of Education
Denton, Town of	New Carrollton, City of	Washington County Board of License Commission
District Heights, City of	North Beach, Town of	Washington County Library
Dorchester County Board of Education	Northeast Maryland Waste Disposal Authority	Westminster, City of
Dorchester County Commission	Oakland, Town of	Worcester County Board of Education
Dorchester County Roads Board	Oxford, Town of	Worcester County Commission
Dorchester County Sanitary Commission	Pocomoke, City of	Wor-Wic Community College
Eastern Shore Regional Library	Preston, Town of	
Edmonston, Town of	Prince George's Community College	
Emmitsburg, City of		

\*NOTE: The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

# APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER		Gender	APPLYING FOR: Check only one box.	
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> Service Retirement <input type="checkbox"/> Ordinary Disability Retirement <input type="checkbox"/> Accidental Disability Retirement	
APPLICANT'S NAME		(M or F)		
<input type="text"/>		Initial	Last	
First HOME ADDRESS				
<input type="text"/>				
Number and Street				
<input type="text"/>				
City		State		ZIP Code
Home telephone		Home email address:		

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released.

☐ Yes

Have you applied to purchase all additional credit for which you are eligible and intend to purchase?

☐ Yes  
☐ No

Have you applied for credit for your active duty military service?

☐ Yes  
☐ No

I request that my retirement allowance be effective on

-  -   
Month Day Year

Are you a U.S. citizen?

☐ Yes ☐ No

I have Voluntary Monies: (see instructions on page one)

☐ I want my voluntary funds refunded in a one-time distribution.

OR

☐ I want my voluntary funds to remain as a monthly additional annuity

**DESIGNATION OF BENEFICIARY:** If more than one beneficiary will be designated by members who select either the Basic Allowance, the Option 1 allowance, or the Option 4 allowance complete the "Designation of Beneficiary" Form 4 instead of the following section. Retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child. ☐ Check here to indicate that Form 4 is attached.

BENEFICIARY'S SOCIAL SECURITY NUMBER		Gender	DATE OF BIRTH	
<input type="text"/>		<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
RELATIONSHIP		(M or F)	Month	Day
<input type="text"/>		Initial	Year	
BENEFICIARY'S NAME				
<input type="text"/>				
First BENEFICIARY'S ADDRESS				
<input type="text"/>				
Number and Street				
<input type="text"/>				
City		State		ZIP Code

I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

- REGARDING PAYMENT OF MY RETIREMENT BENEFIT:** I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
- REGARDING EACH OF MY BENEFICIARIES:** I want the designation of beneficiary in this application to take effect (check only one box):  
☐ Immediately    ☐ Only upon the effective date of my retirement  
 I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.
- REGARDING REEMPLOYMENT:** I have read the information about reemployment after retirement on pages two through four of this application and understand my obligations with regard to reemployment. I agree to notify the Board of my anticipated earnings if I return to work. I understand that if I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until any resulting overpayment of benefits is recovered. I understand that I must be separated from any and all employment, including substitute, seasonal, temporary, contractual, and/or permanent employment, with any employer that participates in the SRPS at the date of my retirement. I also certify to the Board that at the date of my retirement, I will not be employed in any capacity by any employer that participates in the SRPS and that no discussions or offers of reemployment after my retirement have occurred between me and any employer that participates in the SRPS.
- REGARDING DEDUCTIONS FROM MY ALLOWANCE:** if I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

Complete Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

This form must be signed and notarized in order to be valid.

State of _____	County of _____	(or City of Baltimore)
On this _____ day of _____, 20____, before me, the undersigned		
officer, personally appeared _____, known to me		<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Official Seal must be affixed         </div>
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *		
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.		
Signature of Notary Public _____		
Printed Name of Notary Public _____		My Commission Expires _____

\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



**RETIREMENT ALLOWANCE OPTIONS**  
**YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.**  
**INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW.**

<p><b>BASIC ALLOWANCE:</b>  The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16<sup>th</sup> of the month or later.</p> <p>SIGNATURE _____ DATE _____</p>
<p><b>OPTION 1:</b>  Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does <u>not</u> provide for continued beneficiary health coverage after your death.</p> <p>SIGNATURE _____ DATE _____</p>
<p><b>OPTION 2:</b>  Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.</p> <p>SIGNATURE _____ DATE _____</p>
<p><b>OPTION 3:</b>  Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.</p> <p>SIGNATURE _____ DATE _____</p>
<p><b>OPTION 4:</b>  Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does <u>not</u> provide for continued beneficiary health coverage after your death.</p> <p>SIGNATURE _____ DATE _____</p>
<p><b>OPTION 5:</b>  Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will Apop-up@ to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.</p> <p>SIGNATURE _____ DATE _____</p>
<p><b>OPTION 6:</b>  Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will Apop-up@ to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.</p> <p>SIGNATURE _____ DATE _____</p>

*To be completed by employer and returned with application*

For: \_\_\_\_\_  
Applicant's Name                      Job Classification

A. The most recent payroll period reported was: 

Month	

 - 

Day	

 - 

Year			

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

MO	DAY	YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

**Final**  
**Contribution** \$ \_\_\_\_\_ Standard Hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) _____ as of _____ MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) _____ as of _____ MO DAY YR Retirement Coordinator recertifying leave must initial here: _____ Date: _____

Form 13-23 (REV. 10/18)

Name of Retiree \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST FOR FORM 13-23**  
(Application for Service or Disability Retirement)

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**Retirement Coordinator:** Please review the following checklist before submitting the Form 13-23 to the Maryland State Retirement Agency.

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**ESTIMATES:** Encourage member to request estimate (Form 9) of retirement benefit allowance before completing this form; preferably within the 12 months prior to retiring. Don't delay retirement waiting on an estimate. Estimate can take up to 3 months. See **Error! Reference source not found.**

**DISABILITY RETIREMENT:** Retirees are not eligible to file a disability claim.

A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim.

FORM 13-23 must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

**PURCHASE SERVICE CREDIT:**

Encourage member to apply to purchase any eligible service and to claim any military service

not in his/her account. The form must be at the MSRA prior to retirement in order for the member to be eligible to purchase or claim any additional service credit. See SERVICE CREDIT PACKET and MILITARY CREDIT

- ☐ Approximately TWO (2) months before retiring, give the member a copy of the *Application for Service or Disability Retirement* (Form 13-23) for completion. Member must return form to coordinator. Employer submits form to the Maryland State Retirement Agency (MSRA).
- ☐ Encourage member to read carefully application instructions on front page. Direct application form questions to a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

**State Health Insurance Beneficiary**

**Coverage:** For state employees, if eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for eligible surviving dependents (i.e., spouse, dependent children) after retiree's death. Contact employing agency for details. Eligible surviving dependent must be named as the beneficiary.

## **CHECKLIST FOR FORM 13-23**

(Application for Service or Disability Retirement)

Continued from previous page

- ☐ **VOLUNTARY MONEY:** If the member has voluntary money, be sure the member answered the question regarding distribution of that money.

To verify if the member has any voluntary money, refer to the member's latest Personal Statement of Benefits or most recent estimate.

A lump sum withdrawal of voluntary funds requires additional forms:

Form 742 Application for Withdrawal of Voluntary Funds

Form 193 Trustee-to-Trustee Distribution Form if applicable

Form 746 Acknowledgement of Special Tax Notice and Affirmative Election

Contact a retirement benefits specialist for forms or request the withdrawal form packet through our web site at [sra.maryland.gov](http://sra.maryland.gov). Click on Participant, Member, Forms and Downloads and then Order Forms - Withdrawal of Voluntary Funds. See REFUNDS for more information.

- ☐ **BENEFICIARY:** Verify member named a beneficiary.

Prior designations of beneficiaries do not carry forward from a member account to a retirement benefit. Retiring members must designate beneficiary(ies) on the retirement application, or by submitting a new Beneficiary Form with their retirement application if they are designating more than one beneficiary.

If only one beneficiary is being named, enter the beneficiary information on Form 13-23. If Options 2, 3, 5, or 6 are chosen, only one primary beneficiary may be named. No contingent beneficiary (ies) may be named.

If Options 2, 3, 5, or 6 are chosen, member must submit proof of birth for the beneficiary (See Section III Form 1 of this guide for a list of valid proofs of birth for the beneficiary).

If Option 2 or Option 5 is selected, check to be sure the member's beneficiary is not more than 10 years younger than the member unless the beneficiary is the member's spouse or disabled child.

If the beneficiary under Option 2 or Option 5 is the member's disabled child, complete Verification of Retiree's Disabled Child FORM 143 and send it with Form 13-23.

Basic Allowance, Options 1, or 4 allow for multiply beneficiaries. If these options are chosen and multiple beneficiaries desired, check the box on Form 13-23 indicating DESIGNATION OF BENEFICIARY FORM 4 attached and then submit the Form 4 with the list of beneficiaries.

Be sure the beneficiary's relationship to the member, gender and date of birth (MM DD YYYY) are completed on the form. The address of the beneficiary must be supplied.

- ☐ **SIGNATURE/NOTARY:** Check if member has signed the bottom of page 2 and the signature was notarized.

Check that the member's signature date and the date of the notary are the same.

Check that the notary's commission date has not expired.

- ☐ **ALLOWANCE OPTIONS:** Verify the member signed and dated next to the payment option selected.

Option Waiver (Form 703): Before the first payment is paid, a retiree can change their allowance option selection only by filing an Option Waiver (Form 703) with MSRA.

**CHECKLIST FOR FORM 13-23**  
(Application for Service or Disability Retirement)

Continued from previous page

**EMPLOYER SECTION:** The employer completes the back of Form 13-23.

- ☐ Enter the member's name, social security number and job title on the back.
- ☐ SECTION A: Enter the date (MM DD YYYY) of the most recent payroll period reported.
- ☐ SECTION B: Complete if member is continuing employment after the most recent payroll period reported to the retirement date. If not, leave this section blank.

NOTE: No retirement contribution is due for a pay period ending on or after the retirement date. Please do not submit a contribution for this payroll period. Example: If the pay period ends on 7/10 and the retirement date is 7/1, no contribution is sent. If the retirement date is 7/1, and the last pay period ends 6/30, a contribution is required.

- ☐ SECTION C: Enter the member's last day on payroll. The last day the employee reported to work or was on paid leave.

**REEMPLOYMENT IMPORTANT: No offers of reemployment should be made or discussed by the employer at the time of retirement.**

Inform the member that they must wait at least 45 days after retirement date before being rehired by any MSRPS participating employer.

Being rehired by the same employer may cause the retiree to be subject to reemployment rules. Encourage retiree to contact MSRA before being rehired if they have any reemployment questions.

- ☐ SECTION D: Enter the employee's annual salary if it will differ from the annual salary reported on the most recent payroll period.

If no salary change will occur for the employee, check NO.

☐ **Section E: Unused Sick Leave**

**IMPORTANT: A member must retire within 30 days of separation from employment in order to have any unused sick leave days credited towards the retirement benefit.**

Unused Sick Leave: Leave actually available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have after retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: 2500 hours ÷ 8 hours = 312.5 days which is reported as 312 days.

Standard Full-Time Hours: The standard full-time hours for State agencies and *most* participating governmental units (PGU) is eight (8) hours. Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours.

Example: 2500 hours ÷ 7.5 hours = 333.3 days. Report as 333 days.

Part-time employees: Divide unused sick leave hours by the standard full-time hours regardless of hours worked.

Example: 1250 hours ÷ 8 hours = 156.25 days. Report as 156 days.

**CHECKLIST FOR FORM 13-23**  
(Application for Service or Disability Retirement)

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Continued from previous page.

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☐ **Sign and date the back of the form.**

Print clearly the name of the authorized agent. The retirement coordinator is usually the “authorized agent”.

Be sure that the daytime telephone number of the authorized agent is the person’s direct line and not a general number or call center. This is important in case the Agency needs to contact the authorized agent for any last minute adjustments to the form.

Mail the Form 13-23 directly to the Maryland State Retirement Agency at the address shown on the form.

☐ Keep a copy of the back of Form 13-23.

**OTHER RETIREMENT FORMS:**

Send with Form 13-23

☐ Direct Deposit Electronic Fund Transfer Sign-Up FORM 85

☐ If applicable, retiree health insurance forms. Send directly to Benefits agency

**After the retirement date:** Coordinator must recertify unused leave 30 days after retirement date regardless of whether there are any changes.

Steps to reporting changes:

1. Complete “Recertified Sick Leave” section on previously copied form;
2. Calculate and write in the corrected number of days on the previously copied form;
3. Initial and date the corrected form; and
4. Send the revised, signed form to MSRA within 30 days of the member’s retirement date.

Submit sick leave recertification to the attention of:

**Sick leave Recertification**

Fax (410) 468-1713

## **Employer Unused Sick Leave Recertification FORM 13 SL**

### **RETIREMENT COORDINATOR'S SECTION**

**IMPORTANT:** Member must retire within 30 days of separation from employment for any unused sick leave days credited towards retirement benefit.

Unused Sick Leave: Leave actually available to employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have after retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example:  $2500 \text{ hours} \div 8 \text{ hours} = 312.5$  days which is reported as 312 days.

Standard Full-Time Hours: The standard full-time hours for State agencies and *most* participating governmental units (PGU) is eight (8) hours.

Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours.

Example:  $2500 \text{ hours} \div 7.5 \text{ hours} = 333.3$  days. Report as 333 days.

Part-time employees: Divide unused sick leave hours by the standard full-time hours regardless of hours worked.

Example:  $1250 \text{ hours} \div 8 \text{ hours} = 156.25$  days. Report as 156 days.

After the retirement date: Coordinator must recertify unused leave 30 days after retirement date regardless of whether there are any changes.

Steps to reporting changes:

1. Complete "Recertified Sick Leave" section on previously copied form;
2. Calculate and write in the corrected number of days on the previously copied form;
3. Initial and date the corrected form; and
4. Send the revised, signed form to MSRA within 30 days of the member's retirement date.

**An explanation is required if the difference between days reported after retirement is 10 days more than the days reported prior to retirement.**

Submit sick leave recertification to the attention of:

**Sick leave Recertification**

Fax (410) 468-1713

<b>Years of Service</b>	<b>Maximum UNUSED Sick Leave DAYS</b>
0 - 1	0 - 15
1 - 2	16 - 30
2 - 3	31 - 45
3 - 4	46 - 60
4 - 5	61 - 75
5 - 6	76 - 90
6 - 7	91 - 105
7 - 8	106 - 120
8 - 9	121 - 135
9 - 10	136 - 150
10 - 11	151 - 165
11 - 12	166 - 180
12 - 13	181 - 195
13 - 14	196 - 210
14 - 15	211 - 225
15 - 16	226 - 240
16 - 17	241 - 255
17 - 18	256 - 270
18 - 19	271 - 285
19 - 20	286 - 300
20 - 21	301 - 315
21 - 22	316 - 330
22 - 23	331 - 345
23 - 24	346 - 360
24 - 25	361 - 375
25 - 26	376 - 390
26 - 27	391 - 405
27 - 28	406 - 420
28 - 29	421 - 435
29 - 30	436 - 450
30 - 31	451 - 465
31 - 32	466 - 480
32 - 33	481 - 495
33 - 34	496 - 510
34 - 35	511 - 525
35 - 36	526 - 540
36 - 37	541 - 555
37 - 38	556 - 570
38 - 39	571 - 585
39 - 40	586 - 600
40 - 39	601 - 615
41 - 42	616 - 630
42 - 43	631 - 645
43 - 44	646 - 660
44 - 45	661 - 675

<b>UNUSED Sick Leave Days</b>	<b>Retirement Credit 10 month Teachers &amp; Employees</b>	<b>Retirement Credit 12 Month Employees</b>
1 - 10	0	0
11 - 32	1	1
33 - 54	2	2
55 - 76	3	3
77 - 98	4	4
99 - 120	5	5
121 - 142	6	6
143 - 164	7	7
165 - 186	8	8
187 - 208	9	9
209 - 230	10	10
231 - 252	10	11
253 - 274	10	12
275 - 296	11	13
297 - 318	12	14
319 - 340	13	15
341 - 362	14	16
363 - 384	15	17
385 - 406	16	18
407 - 428	17	19
429 - 450	18	20
451 - 472	19	21
473 - 494	20	22
495 - 516	20	23
517 - 538	20	24
539 - 560	21	25
561 - 582	22	26
583 - 604	23	27
605 - 626	24	28
627 - 648	25	29
649 - 670	26	30

**Coordinator must certify all unused leave days regardless of whether it exceeds the maximum credit allowed or is insufficient to any unused sick leave credit.**

**Maryland State Retirement Agency determines unused sick leave retirement credit.**





#### Employer Unused Sick Leave Recertification FORM 13 SL

**IMPORTANT: Member must retire within 30 days of separation from employment for any unused sick leave days credited towards retirement benefit.**

Unused sick leave: Leave actually available to employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

**Prior to the date of retirement:** Calculate projected **days** of unused sick leave member will have after retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example:  $2500 \text{ hours} \div 8 \text{ hours} = 312.5$  days which is reported as 312 days.

**Standard Full-Time Hours:** The standard full-time hours for State agencies and *most* participating governmental units (PGU) is eight (8) hours.

Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours.

Example:  $2500 \text{ hours} \div 7.5 \text{ hours} = 333.3$  days. Report as 333 days.

**Part-time employees:** Divide unused sick leave hours by the standard full-time hours regardless of hours worked.

Example:  $1250 \text{ hours} \div 8 \text{ hours} = 156.25$  days. Report as 156 days.

**After the retirement date:** Coordinator must recertify unused leave 30 days after retirement date regardless of whether there are any changes.

Steps to reporting changes:

Complete "Recertified Sick Leave" section on previously copied form;

Calculate and write in the corrected number of days on the previously copied form;

Initial and date the corrected form; and

Send the revised, signed form to MSRA within 30 days of the member's retirement date.

**An explanation is required if the difference between days reported after retirement is 10 days more than the days reported prior to retirement.**

Submit sick leave recertification to the attention of:

**Sick leave Recertification**

Fax (410) 468-1713

## State Police - Application Service/Disability Retirement FORM 14-24

### APPLICANT'S SECTION

- Read page 1 instructions fully before completing.
- OTHER FORMS: *Direct Deposit Electronic Fund Transfer Sign-Up Form 85* and the *Federal and State Tax Withholding Request Form 766*.

**DISABILITY RETIREMENT:** Must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

- Social Security number, name, address, daytime telephone, marriage date and State must be completed.
- Retirement type: service retirement, ordinary disability or special disability retirement. (select only one)
- RETIREMENT DATE: Applicant must be off payroll. The retirement date is effective the first of the following month. Disability only: If the retirement date is blank, the Retirement Agency will provide the earliest possible date (i.e. off payroll, claim date or end of LOA)

- Answer all questions asked. See instructions before answering the questions on Voluntary Monies.
- If one beneficiary is named, fill in complete address, Social Security number and date of birth.
- Form must be signed and dated by applicant in the presence of a notary public.

Retiree must be off payroll on retirement date.

### OPTION SELECTION

- Select only one option. The choice is indicated by applicant's signature and date.
- Basic Allowance: If married, must choose Basic Allowance with Spouse as beneficiary. (proof of birth must be attached for spouse and/or children)
- If Options 2, 3, 5 or 6 are chosen, proof of birth must be attached for the beneficiary.
- If Option 2 or 5 is chosen, beneficiary cannot be more than 10 years younger than applicant unless beneficiary is a disabled child. If the

beneficiary under Option 2 or Option 5 is the member's disabled child, complete *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and send it with Form 14-24.

- The same proof of birth that is accepted for Form 1 can be used to verify the birth date of a beneficiary. See Form 1 for a list of acceptable documents for verification of birth date.

### RETIREMENT COORDINATOR'S SECTION

- Complete "most recent payroll period reported" section, note the effective date of the last payroll period reported to the MSRA.
- Complete payroll information projected to the date of retirement for Applicant. Enter the payroll period contribution amount, standard hours, actual hours paid and the payroll ending date.
- No retirement contribution withheld if last pay period ends on or after retirement date.
- Salary Change: Note any change in salary and effective date.

- Section E: Unused Sick Leave – Prior to retirement date certify total days of unused sick leave on the last day worked and recertify unused leave 30 days after effective date regardless of whether there are any changes.
- DROP: If the applicant is going into DROP, submit Form 756 and a binding letter of resignation with this application form.
- Review the checklist containing more detailed retirement information.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT  
STATE POLICE

**IMPORTANT:** If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

RETIREMENT  
USE ONLY

FORM 14-24 (REV. 10/18)

INSTRUCTIONS FOR COMPLETION OF APPLICATION

**IMPORTANT:** Read the following instructions and information carefully before filling out this form.

1. If you are married at time of retirement, you must choose the Basic Allowance.
2. After you have completed this form, you should also complete Forms 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen the Basic Allowance or payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof. For information on acceptable proofs of birth date, call a Retirement Benefits Specialist at the number shown below.
4. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 (Verification of Retiree's Disabled Child for Selection of Option 2/5 Beneficiary) with this application.
5. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the "Designation of Beneficiary" section on page 2. Instead, fill out and attach Form 4 (Designation of Beneficiary Form).
7. If you are eligible to participate in the State Employees Health Insurance Program, The Basic Allowance or Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents, after your death. Contact your employing agency for details.
8. You may change your retirement allowance selection only by filing a change with the State Retirement Agency before your first payment is due. In most cases, the first payment is due 30 days after the effective date of your retirement. You cannot change your selection after this due date.
9. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
10. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a Retirement Benefits Specialist.
11. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
12. Generally speaking, no member may receive more than one type of retirement benefit.
13. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach a completed *Application for Withdrawal of Voluntary Funds Package* to this application. This package may be obtained by calling a Retirement Benefits Specialist at the number shown below.

**NEED HELP?:** If you need help to complete this form, or any information on your retirement benefits or retirement process, call a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.



## Reemployment After Retirement for Retirees of the State Police Retirement System

VIDEO: For an overview of this information, go to [sra.maryland.gov](http://sra.maryland.gov), select YouTube or Vimeo and watch "Reemployment After Retirement."

Keep a copy of this information on file as a handy reference for the future. You should also keep on hand your Notice of Retirement Allowance that the Retirement Agency will send to you as a new retiree. The Notice of Retirement Allowance includes information such as the amount of your monthly retirement allowance, the beneficiary you designated and your earnings limitation. To determine what, if any, earnings limitation applies and the effect, if any, on your retirement allowance, you need your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or special disability) and your earnings limitation. Then, apply the reemployment rules. Reemployment earnings are the annual reemployment compensation reported to the IRS that the retiree received during a calendar year. Note the reemployment rules do not apply while a retiree is participating in the State's Deferred Retirement Option Program (DROP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the State Retirement and Pension System (SRPS) you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

### INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the more differences between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an "independent contractor" may not meet the IRS' standard.

### MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of 45 DAYS between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be one employer under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

### SERVICE RETIREMENT

If you accept temporary employment (not in a regularly allocated position) with a *participating employer\**, you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. Temporary employment is defined as full time for six months or less or part-time for the equivalent of six months or less. Your retirement allowance will be reduced if your post retirement earnings exceed your earnings limitation. The benefit is reduced dollar for dollar up to a maximum of the full retirement allowance.

*\*A participating employer is any employer that offers State Retirement and Pension System benefits to its employees. A list of participating employers is printed on page eight. Before accepting employment, contact the State Retirement Agency for updates to this list.*

Reemployment rules for Service Retirement do not apply if you have been retired for more than five years.

(For disability retirement rules, please see the following page.)

I acknowledge that I have received this information about my obligation with regard to reemployment and I agree to notify the Board of Trustees of my anticipated earnings should I return to work. I also understand that, should I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until such time that any resulting overpayment of benefits is recovered. I understand that I must be separated from any and all employment, including substitute, seasonal, temporary, contractual, and/or permanent employment, with any employer that participates in the SRPS at the date of my retirement. By signing this form, I am certifying to the Maryland State Retirement Agency that at the date of my retirement, I will not be employed in any capacity by any employer that participates in the SRPS and that no discussions or offers of reemployment after my retirement have occurred between me and any employer that participates in the SRPS.

**MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT**  
(continued from previous page)

**DISABILITY RETIREMENT**

**Suspension of Disability Retirement:** An Ordinary or Special Disability allowance shall be temporarily suspended if the retiree:

- Is not eligible for normal service retirement, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that is at least equal to the retiree's average final compensation at retirement.

There is no additional benefit accrued while employed. If suspended, the retiree's allowance will be reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. The retiree's allowance at time of reinstatement will be adjusted to reflect the accumulated cost of living adjustments during suspension. Please note that the temporary suspension of disability benefit causes the temporary suspension of retiree health insurance coverage.

**Earnings Limitation for Ordinary Disability Retirees Only:** An Ordinary Disability allowance shall be reduced if the retiree:

- Is under normal retirement age, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that exceeds the retiree's earnings limitation.

The reduction will be \$1.00 for every \$2.00 over the limit if the retiree has been retired less than 10 years. If the retiree has been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit.

**An earnings limitation does not apply for Special Disability Retirees.**

If you have any questions, call a Retirement Benefits Specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

**PARTICIPATING EMPLOYERS \***  
**Maryland State Retirement and Pension System**

**State of Maryland**  
**University System of Maryland**  
**Baltimore City and All County Boards of Education (Teachers' System)**  
**Community Colleges and All Public Libraries (Teachers' System)**

**Participating Governmental Units in the Employees' System as of July 1, 2017**

Allegany College of Maryland	Frederick County Board of Education	Prince George's County Crossing
Allegany County Board of Education	Frostburg, City of	Guards
Allegany County Commission	Fruitland, City of	Prince George's County Government
Allegany County Housing Authority	Garrett County Board of Education	Prince George's County Memorial
Allegany County Library	Garrett County Community Action	Library
Allegany County Transit Authority	Committee	Princess Anne, Town of
Annapolis, City of	Greenbelt, City of	Queen Anne's County Board of
Anne Arundel County Board of	Greensboro, Town of	Education
Education	Hagerstown, City of	Queen Anne's County Commission
Anne Arundel County Community	Hagerstown Community College	Queensdown, Town of
College	Hampstead, Town of	Ridgely, Town of
Berlin, Town of	Hancock, Town of	Rock Hall, Town of
Berwyn Heights, Town of	Harford Community College	St. Mary's County Board of Education
Bladensburg, Town of	Harford County Board of Education	St. Mary's County Commission
Bowie, City of - Police Dept. (LEOPS)	Harford County Government	St. Mary's County, Housing Authority
Brunswick, City of	Harford County Library	St. Mary's County Metropolitan
Calvert County Board of Education	Housing Authority of Cambridge	Commission
Cambridge, City of	Howard Community College	St. Michaels, Commissioners of
Caroline County Board of Education	Howard County Board of Education	Salisbury, City of
Caroline County Sheriff Deputies	Howard County Community Action	Shore Up!
Carroll County Board of Education	Committee	Snow Hill, Town of
Carroll County Public Library	Hurlock, Town of	Somerset County Board of Education
Carroll Soil Conservation District	Hyattsville, City of	Somerset County Commission
Catoctin & Frederick Soil	Kent County Board of Education	Somerset County Economic
Conservation District	Kent County Commissioners	Development Commission
Cecil County Board of Education	Kent Soil and Water Conservation	Somerset County Sanitary District, Inc.
Cecil County Government	District	Southern Maryland Tri-County
Cecil County Library	Landover Hills, Town of	Community Action Committee
Centreville, Town of	La Plata, Town of	Sykesville, Town of
Chesapeake Bay Commission	Lower Shore Private Industry Council	Takoma Park, City of
Chestertown, Town of	Manchester, Town of	Talbot County Board of Education
Cheverly, Town of	Maryland Health & Higher Education	Talbot County Council
College of Southern Maryland	Facilities Authority	Taneytown, City of
College Park, City of	Middletown, Town of	Thummont, Town of
Crisfield, City of	Montgomery College	Tri-County Council of Western
Crisfield Housing Authority	Morningside, Town of	Maryland
Cumberland, City of	Mount Airy, Town of	Tri-County Council for the Lower
Cumberland, City of - Police	Mount Rainier, City of	Eastern Shore
Department	New Carrollton, City of	University Park, Town of
Denton, Town of	North Beach, Town of	Upper Marlboro, Town of
District Heights, City of	Northeast Maryland Waste Disposal	Walkersville, Town of
Dorchester County Board of Education	Authority	Washington County Board of
Dorchester County Commission	Oakland, Town of	Education
Dorchester County Roads Board	Oxford, Town of	Washington County Board of
Dorchester County Sanitary	Pocomoke, City of	License Commission
Commission	Preston, Town of	Washington County Library
Eastern Shore Regional Library	Prince George's Community College	Westminster, City of
Edmonston, Town of	Prince George's County Board of	Worcester County Board of Education
Emmitsburg, City of	Education	Worcester County Commission
Feddersburg, Town of		Wor-Wic Community College

\*NOTE: The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.



**APPLICANT'S SOCIAL SECURITY NUMBER**

[ ] [ ] -	[ ] [ ] -	[ ] [ ] [ ] [ ]
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**APPLYING FOR:** Check only one box  
☐ Service Retirement    ☐ Ordinary Disability Retirement    ☐ Special Disability Retirement

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**APPLICANT'S NAME**

First	Initial	Last
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**HOME ADDRESS**

Number and Street	State	ZIP Code
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City \_\_\_\_\_ Home telephone \_\_\_\_\_ - \_\_\_\_\_ Home email address: \_\_\_\_\_

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I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released.

Have you applied to purchase all additional credit for which you are eligible and intend to purchase?

Have you applied for credit for your active duty military service?

---

**DENIGNATION OF BENEFICIARY:** If more than one beneficiary will be designated by members without a spouse or children under age 18 who select either the basic allowance, the option 1 allowance, or the option 4 allowance, complete the "Designation of Beneficiary" Form 4 instead of the following section. Retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child. ☐ Check here to indicate that Form 4 is attached.

**BENEFICIARY'S SOCIAL SECURITY NUMBER**

[ ] [ ] -	[ ] [ ] -	[ ] [ ] [ ] [ ]
-----------	-----------	-----------------

**BENEFICIARY'S NAME**

First	Initial	Last
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**BENEFICIARY'S ADDRESS**

Number and Street	State	ZIP Code
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City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

- REGARDING PAYMENT OF MY RETIREMENT BENEFIT,** I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
- REGARDING EACH OF MY BENEFICIARIES,** I want the designation of beneficiary in this application to take effect (check only one box):  
☐ Immediately      ☐ Only upon the effective date of my retirement  
 I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designations of beneficiary forms.
- REGARDING REEMPLOYMENT,** I have read the information about reemployment after retirement on pages six through eight of this application and understand my obligations with regard to reemployment. I agree to notify the Board of my anticipated earnings if I return to work. I understand that if I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until any resulting overpayment of benefits is recovered. I understand that I must be separated from any and all employment, including substitute, seasonal, temporary, contractual, and/or permanent employment, with any employer that participates in the SRPS at the date of my retirement. I also certify to the Board that at the date of my retirement, I will not be employed in any capacity by any employer that participates in the SRPS and that no discussions or offers of reemployment after my retirement have occurred between me and any employer that participates in the SRPS.
- REGARDING DEDUCTIONS FROM MY ALLOWANCE,** if I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

---

**Complete Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

(This form must be signed and notarized in order to be valid.)

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State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned

officer, personally appeared \_\_\_\_\_ known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public \_\_\_\_\_ Printed Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

{ Official Seal must be affixed }

\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



**RETIREMENT ALLOWANCE OPTIONS**  
**YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.**  
**INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW**

**BLOCK 1 - BASIC ALLOWANCE**

The **BASIC ALLOWANCE** provides the largest allowance each month until your death. At your death, 80% of the monthly allowance will be paid to your surviving spouse for life. If there is no eligible surviving spouse or if an eligible surviving spouse dies, then 80% of the monthly allowance will be paid in equal shares to your children who are under age 18 until every child dies or attains age 18. If you have no spouse or no children under age 18, the allowance ceases at your death and your beneficiary or estate will receive one payment if your death occurs on the 16<sup>th</sup> of the month or later. If you die **before** the effective date of retirement, your selection shall be void and benefits due to the death of a member in service will be paid. If you choose this option, send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BLOCK 2 - OPTIONAL ALLOWANCES**

The following optional allowances are only available to members without a spouse as of the date of retirement. Sign the appropriate section in this block to indicate the selected option. Optional allowances are effective on the effective date of retirement. If you die **before** the effective date, the selected option shall be void and the benefits due to death of a member in service will be paid. The selected option cannot be changed after the first payment normally becomes due.

**OPTION 1:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. Option 1 does not provide for continued beneficiary health coverage after your death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 2:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 3:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 4:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. Option 4 does not provide for continued beneficiary health coverage after your death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 5:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will Apop-up® to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 6:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will Apop-up® to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

To be completed by employer and returned with application

## Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: \_\_\_\_\_  
Applicant's Name Job Classification

Applicant's Social Security number: \_\_\_\_\_

A. The most recent payroll period reported was: \_\_\_\_\_  
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

**Final**  
Contribution \$ \_\_\_\_\_ Standard Hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: \_\_\_\_\_

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same participating employer.

D. **Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?..... ☐ YES ☐ NO

If yes, the employee's new annual salary is \$ \_\_\_\_\_ and is effective \_\_\_\_\_  
MO DAY YR

E. **Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) _____ as of _____ MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) _____ as of _____ MO DAY YR Retirement Coordinator recertifying leave must initial here: _____ Date: _____

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

Signature of Authorized Agent

Printed Name of Authorized Agent

Title of Authorized Agent

Date

Full Name of Employer

**DIRECT** Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700

Name of Retiree \_\_\_\_\_

Date \_\_\_\_\_

## CHECKLIST FOR FORM 14-24

(State Police - Application for Service or Disability Retirement)

**Retirement Coordinator:** Please review the following checklist before submitting the Form 14-24 to the Maryland State Retirement Agency.

**ESTIMATES:** Encourage applicant to request an estimate of his/her retirement benefits before completing this form. To receive an estimate, Form 10 must be completed and sent to the Agency within the 12 months prior to retiring.

**DISABILITY RETIREMENT:** Retirees are not eligible to file a disability claim.

A State Police member or former member must file a disability claim prior to the effective date of a service retirement. Advise applicant to contact MSRA to discuss retirement options prior to filing disability claim.

FORM 14-24 must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

### **PURCHASE SERVICE CREDIT**

Encourage the applicant to file to purchase any eligible service and to claim any military service not in his/her account. The form must be at the MSRA prior to retirement in order for the applicant to be eligible to purchase or claim any additional service credit.

### **DEFERRED RETIREMENT OPTION PROGRAM (DROP)**

If the applicant is eligible for the Deferred Retirement Option Program (DROP) and wants to participate, complete an *Application for the Deferred Retirement Option Program* (Form 756), a binding letter of resignation and an *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) along with Form 14-24.

### **FORM 14-24**

Approximately two months before retiring, give the applicant a copy of the *Application for Service or Disability Retirement* (Form 14-24) for completion.

Applicant must return FORM to coordinator for mailing to the Maryland Retirement Agency (MSRA). Only the employer may submit this form.

☐ Encourage applicant to read carefully the instructions on the front page.

Any questions on the form should be directed to a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

**STATE HEALTH INSURANCE:** It is important that applicants understand that if they are eligible to participate in the State Employees Health Insurance Program, only an option providing a monthly benefit to an eligible surviving spouse or dependent children will continue their health insurance coverage (i.e., spouse, dependent children) after the death of the retiree. The applicant must choose one of these options and name the eligible surviving dependent as the beneficiary.

**UNUSED SICK LEAVE:** Applicant must retire within 30 days of separation from employment in order to have any unused sick leave credited towards retirement benefit.

## CHECKLIST FOR FORM 14-24

(State Police - Application for Service or Disability Retirement)

Continued from previous page (2 of 4).

**RETIREMENT DATE:** A retirement date must be chosen.

The applicant must choose a date to retire when he/she is off payroll. If hours reported to the Agency, he/she may not retire that date.

Payment is made at the end of the month if the applicant chooses the first of that month for a retirement date. If an applicant chooses a date other than the first of the month, the payment will begin the end of the next month and will only be one month's benefit.

**VOLUNTARY MONEY:** If the applicant has voluntary money, be sure the applicant answered the question regarding distribution of that money.

To verify if the applicant has any voluntary money, refer to the applicant's latest Personal Statement of Benefits or most recent estimate.

A lump sum withdrawal of voluntary funds requires additional forms:

Form 742 Application for Withdrawal of Voluntary Funds  
Form 193 Trustee-to-Trustee Distribution Form if applicable  
Form 746 Acknowledgement of Special Tax Notice and Affirmative Election

Contact a retirement benefits specialist for forms or request the withdrawal form packet through our web site at [sra.maryland.gov](http://sra.maryland.gov). Click on Participant, Member, Forms and Downloads and then Order Forms - Withdrawal of Voluntary Funds.

See REFUNDS for additional information.

**BENEFICIARY:** Verify applicant named a beneficiary.

Prior designations of beneficiaries do not carry forward from a member account to a retirement benefit. Retiring members must designate

beneficiary(ies) on the retirement application, or by submitting a new Beneficiary Form with their retirement application if they are designating more than one beneficiary.

If only one beneficiary is being named, enter the beneficiary information on Form 14-24. If Options 2, 3, 5, or 6 are chosen, only one primary beneficiary may be named. No contingent beneficiary (ies) may be named.

If Option 2 or Option 5 is selected, check to be sure the applicant's beneficiary is not more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.

If the beneficiary under Option 2 or Option 5 is the applicant's disabled child, complete *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and send it with Form 14-24.

Basic Allowance, Options 1, or 4 allow for multiply beneficiaries. If these options are chosen and multiple beneficiaries desired, check the box on Form 14-24 indicating Form 4 is attached and then submit the Form 4 with the list of beneficiaries.

Be sure the beneficiary's relationship to the applicant, gender and date of birth (MM DD YYYY) are completed on the form. The address of the beneficiary must be supplied.

Option Waiver (Form 703): Retiree can change their allowance option selection only by filing an Option Waiver (Form 703) and a new retirement application with MSRA before first payment is paid.

**SIGNATURE/NOTARY:** Check if applicant signed the bottom of page 2 and the signature was notarized.

Check that the applicant's signature date and the date of the notary are the same.

Check that the notary's commission date has not expired.

## CHECKLIST FOR FORM 14-24

(State Police - Application for Service or Disability Retirement)

Continued from previous page (3 of 4).

**ALLOWANCE OPTION:** Verify the applicant signed and dated next to the payment option selected.

**MARITAL STATUS:** If married, the applicant must select the Basic Allowance and name the spouse as beneficiary. If not married, the applicant may select any option.

If Options 2, 3, 5, or 6 are chosen, member must submit proof of birth for the beneficiary (See Section III Form 1 of the Retirement Coordinator's Manual for a list of valid proofs of birth for the beneficiary).

**EMPLOYER SECTION:** The employer completes the back of Form 14-24.

- ☐ Enter the name of the applicant on the back.
- ☐ SECTION A: Enter the date (MM DD YYYY) of the most recent payroll period reported.
- ☐ SECTION B: Determine the intent of the applicant regarding employment from the most recent payroll period to the retirement date. If applicant is continuing employment after the most recent payroll period reported, complete B section. If not, leave this section blank.

**NOTE:** If the last payroll period ends on or after the retirement date, no retirement contribution is owed by the applicant. Please do not submit a contribution for this payroll period, if possible.

- ☐ SECTION C: enter the applicant's last day on payroll.

**IMPORTANT REEMPLOYMENT REMINDER:**  
**No offers of reemployment should be made or discussed by the employer at the time of retirement.**

Inform applicant he/she must wait at least 45 days (except for DROP participation) before being rehired by any MSRPS participating employer.

Except for DROP participation, being rehired by the same employer may cause the retiree to be subject to the rules of reemployment. There are other rules regarding reemployment that the retiree should be made aware. Encourage retiree to contact MSRA before being rehired if they have any reemployment questions.

- ☐ SECTION D: Enter the employee's annual salary if it will differ from the annual salary reported on the most recent payroll period.

If no salary change will occur for the employee, check NO.

- ☐ SECTION E: Unused Sick Leave

**IMPORTANT: An applicant must retire within 30 days of separation from employment in order to have any unused sick leave days credited towards the retirement benefit.**

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have on their retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: 2500 hours ÷ 8 hours = 312.5 days is reported as 312 days.

Retain a copy of the retirement application.

If the applicant is participating in DROP, report the number of unused sick leave days as instructed by the applicant.

**CHECKLIST FOR FORM 14-24**  
(Application for Service or Disability Retirement)

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Continued from previous page (4 of 4).

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☐ **Sign and date the back of the form.**

Print clearly the name of the authorized agent. The retirement coordinator is usually the "authorized agent".

Be sure that the daytime telephone number of the authorized agent is the person's direct line and not a general number or call center. This is important in case the Agency needs to contact the authorized agent for any last minute adjustments to the form.

Mail the Form 14-24 directly to the Maryland State Retirement Agency at the address shown on the form.

date regardless of whether there are any changes.

Steps to reporting changes:

1. Complete "Recertified Sick Leave" section on previously copied form;
2. Calculate and write in the corrected number of days on the previously copied form;
3. Initial and date the corrected form; and
4. Send the revised, signed form to MSRA within 30 days of the member's retirement date.

☐ **Keep a copy of the back of the Form 14-24.**

Submit sick leave recertification to the attention of:

**OTHER RETIREMENT FORMS:**

Send with Form 14-24

If the applicant is participating in DROP, these forms are completed after DROP ends.

- *Electronic Fund Transfer Sign-Up* form (Form 85)
- *Federal and Maryland State Tax Withholding* Form (Form 766)
- *If applicable*, retiree health insurance forms.  
Send directly to Health Benefits agency

**Sick leave Recertification**

Fax (410) 468-1713

**After the retirement date:** Coordinator must recertify unused leave 30 days after retirement



## Judges - Application Service/Disability Retirement FORM 16

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

### JUDGES' RETIREMENT SYSTEM APPLICATION FOR SERVICE RETIREMENT

FOR RETIREMENT  
USE ONLY

FORM 16 (REV. 5/18)

#### INSTRUCTIONS FOR COMPLETION OF APPLICATION

**IMPORTANT:** Read the following instructions and information carefully before filling out this form.

1. **If you are married at the time of your retirement**, you must designate your spouse as your sole beneficiary. With your spouse as your sole designated beneficiary your retirement allowance will be paid as the Basic Allowance (50% Survivor Option). Upon your death, your surviving spouse would be paid fifty percent (50%) of your retirement allowance.

DO NOT complete the Retirement Allowance Options section on the second page of the application.

2. **If you are not married at the time of your retirement, but have at least one child under the age of 26**, you must designate your child or children under age 26 as your beneficiary or beneficiaries. With your child or children under age 26 as your beneficiary or beneficiaries, your retirement allowance will be paid as the Basic Allowance (50% Survivor Option). Upon your death, fifty percent (50%) of your retirement allowance will be divided equally to your child or children under age 26, until all have reached age 26.

DO NOT complete the Retirement Allowance Options section on the second page of the application.

3. **If you are not married at the time of your retirement and have no children under the age of 26**, you may designate one or multiple beneficiaries, and you must select one of the Retirement Allowance Options on the second page of the application.

If you designate only one beneficiary, you may select any of the Retirement Allowance Options on the second page of the application. Please carefully read the descriptions of each Retirement Allowance Option.

If you designate more than one beneficiary, you may select only Option 1 or Option 4 of the Retirement Allowance Options. Please carefully read the descriptions of each Retirement Allowance Option.

To designate multiple beneficiaries, complete the *Judges' Retirement System Designation of Beneficiary* (Form 4.1).

4. **For all retirees**, if you marry or remarry after retirement, any designation of beneficiary other than your spouse is void, and your spouse is automatically entitled to the survivor monthly allowance due under the Basic Allowance (50% Survivor Option).
5. Please complete this form by printing in ink.
6. Sign this form in the presence of a Notary Public. This form must be notarized.
7. Submit completed forms to the Maryland State Retirement Agency at 120 East Baltimore Street, Baltimore, Maryland 21202.
8. In addition to this *Judges' Retirement System Application for Service Retirement* form, you should also complete and submit to the Retirement Agency a *Direct Deposit – Electronic Funds Transfer Sign-Up* (Form 85) to authorize the direct deposit of your monthly allowance into your bank account, and a *Federal and Maryland State Tax Withholding Request* (Form 766) to designate the federal and Maryland State taxes you want deducted from your monthly allowance. Both of these forms are available for download from our website at [sra.maryland.gov](http://sra.maryland.gov).
9. If you need help to complete this form, or need information on your retirement benefits or the retirement process, please contact a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.

APPLICANT'S SOCIAL SECURITY NUMBER

APPLICANT'S NAME

GENDER

DATE OF BIRTH

Month Day Year

Initial Last

HOME ADDRESS

Number and Street

City State ZIP Code

Home email address:

I request that my retirement allowance be effective on:

Month Day Year

Last judicial position held:

Home telephone number:

In accordance with the provisions of the State Personnel and Pension Article, §27-402, I elect to receive a pension from the Judges' Retirement System. I understand that I shall receive the retirement allowance provided by law for my lifetime. At my death, my surviving spouse shall receive one-half of the monthly benefit for his or her lifetime. If there is no surviving spouse at time of my death, my children under the age of 26 shall receive the retirement allowance that would have been paid to a surviving spouse (If more than one child, retirement allowance is divided equally). If there is no surviving spouse or children under age 26 at my death, the allowance ceases and my estate will receive one monthly payment if my death occurs on the 16<sup>th</sup> of the month or later. If I marry or remarry following retirement, my new spouse becomes eligible for the continuing monthly benefit provided under the basic allowance.

First Initial Last  
 SPOUSE'S SOCIAL SECURITY NUMBER GENDER DATE OF BIRTH  
 M or F Month Day Year

**CHILDREN UNDER AGE 26:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month Day Year M or F  
DATE OF BIRTH GENDER  
Month Day Year M or F

1. REGARDING PAYMENT OF MY RETIREMENT BENEFIT, I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
2. REGARDING EACH OF MY BENEFICIARIES, I want the designation of beneficiary in this application to take effect (check only one box):  
☐ Immediately      ☐ Only upon the effective date of my retirement  
I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.
3. REGARDING DEDUCTIONS FROM MY ALLOWANCE, if I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned  
officer, personally appeared \_\_\_\_\_, known to me  
**NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \***  
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that  
(he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.  
Signature of Notary Public \_\_\_\_\_  
Printed Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
**\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.**



## RETIREMENT ALLOWANCE OPTIONS

### Optional Allowance - Reduced Benefit

Complete this section only if (1) you do not have a spouse or children under age 26 and (2) you elect not to accept the basic retirement allowance. You may designate one beneficiary to receive an allowance under Option 2, 3, 4, 5, or 6. You may designate one or more beneficiaries to receive the Option 1 retirement allowance in equal shares. Selection of an optional retirement allowance provides a reduced benefit for you for your lifetime. Please note that your choice of option and beneficiary/ies is irrevocable. Indicate your selection by signing the appropriate box below. If you elected an optional allowance, you also must complete the *Judges' Retirement System Designation of Beneficiary* (Form 4.1).

#### **OPTION 1:**

Guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement, based on life expectancy statistics. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### **OPTION 2:**

Guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### **OPTION 3:**

Guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### **OPTION 4:**

Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest the remainder will be paid in a lump sum to your designated beneficiary who remains alive.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### **OPTION 5:**

Guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the death of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### **OPTION 6:**

Guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Statement of Disability FORM 20

### APPLICANT'S SECTION - PAGES 1 - 3

Be sure to read all instructions and points to know before completing form.

Applicant to complete, sign and date all appropriate areas.

Applicant must describe all conditions and symptoms impairing performance of their normal duties.

**RELEASE OF MEDICAL RECORDS AUTHORIZATION:** Must indicate name of employer and all physicians. Signature must be witnessed. If appropriate to medical condition, submit actual x-rays.

**ACCIDENTAL/SPECIAL:** Applicant must submit **employer's** first report of injury; information regarding status of their Workers' compensation claim, including copies of all award letters or state that no claim has been filed.

### RETIREMENT COORDINATOR'S SECTION - PAGE 4

The retirement coordinator listed in SECTION TWO: Retirement Coordinator / Employer will receive all notifications and notices. Must submit forms listed to MSRA.

A copy of the applicant's job duties must accompany all applications and **must be signed by the supervisor** (or a person at that agency authorized to verify the job description).

**Employer Filed:** If the member is *unable* to apply, the Employees' System member's department head; the Teachers' System member's state or county superintendent of schools; with the consent of the member's State or county superintendent, their principal or supervisor may sign the Statement of Disability (Form-20), the Preliminary Application for Disability Retirement (Form-129), and the final retirement application (Form-13-23), selecting a retirement date and option on the member's behalf.

### TREATING PHYSICIAN'S SECTION - PAGES 5 - 6

Treating physician must complete Physician's Medical Report, paying particular attention to item "VI. Evaluation." The physician must provide a clear statement of whether or not the claimant is permanently disabled from performing his or her job duties. Please submit last three years of primary care physician and other pertinent medical records. **Physician's report must be completed, signed and submitted regardless of other medical records submitted.**

#### FILING DEADLINES

Members cannot file for disability indefinitely. Claim will be closed if the member does not diligently pursue the claim. Applicants are subject to the following time limits:

- Teachers' Retirement System: five (5) years after paid employment ends.
- Other systems (except Judges' or Legislative): four (4) years after paid employment ends.

Membership ends when contributions and interest are withdrawn, member dies or retires. Withdrawn members are not eligible to file for disability.

**Deadline Extension:** If a former member of any of the systems listed above and have been off payroll for more than the time allotted for filing for benefits, member will be ineligible for benefits unless member can prove that the former member was mentally or physically incapacitated from filing within the established deadline due to the disability itself. In this situation, former member may be granted a 24-month filing extension. The 24-month filing extension does not apply to the Teachers' Retirement System, which has a 12-month filing extension. Contact the retirement agency for more information.

A claim for accidental disability must be made for an accident that occurred within the last five years. This rule does not apply to the State Police Retirement System, Correctional Officers' Retirement System and LEOPS.

**Application by Surviving Beneficiary:** Surviving beneficiary may be eligible to apply for a benefit if member dies within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form and affidavit of signature within 30 days of member's death. Beneficiary should contact the MSRA for filing instructions.

## WORKERS' COMPENSATION

**IMPORTANT NOTE:** Instruct the member to contact the Retirement Agency to discuss impact of Workers' Compensation benefits on an accidental disability retirement.

Disability benefits are "coordinated" with benefits payable from Workers' Compensation. Retirement law may require the Retirement Agency to withhold an amount equivalent to the Workers' Compensation award if the Workers' Compensation benefits and disability benefits are based on the same event and are paid for the same period of time.

Retirees receiving an accidental disability retirement must notify the Retirement Agency in writing if additional Workers' Compensation awards are received.

The Retirement Agency may not offset a retirement allowance for Workers' Compensation benefits that are health insurance premiums, reimbursements for legal fees, medical expenses or other payments made to third parties and not to the retiree.

The offset described above does not apply to Employees' Pension System retirees who receive a disability retirement benefit as a former employee of a county board of education, the Board of School Commissioners of Baltimore City, or a participating governmental unit or a designated beneficiary.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700  
sra.maryland.gov

STATEMENT OF DISABILITY

RETIREMENT  
USE ONLY

FORM 20 (REV. 10/18)

IMPORTANT: Read the instructions first. Fill in appropriate sections. Print in ink or type.

Age: \_\_\_\_\_ (Yrs)

Name: \_\_\_\_\_  
FIRST INITIAL LAST

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
NAME OF EMPLOYING AGENCY

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
JOB TITLE

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby consent to the release of my personnel records from my employer and any records, including medical records, on file with the Workers' Compensation Commission ("WCC"). I also consent to allow the Maryland State Retirement Agency to exchange information with the WCC, other State agencies and units, and the Chesapeake Employers' Insurance Company regarding any past or future disability or workers' compensation awards. This authorization shall remain in effect throughout the disability retirement application process and any appeal. A photocopy of this authorization shall be treated as though it is the original.

Sign & Date

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This form contains four sections: 1) Applicant/Member, 2) Retirement Coordinator/Employer, 3) Physician, and 4) Important Points to Know.

Your claim is **not** submitted until you properly complete and submit to the Maryland State Retirement Agency Section 1 of this Form 20: *Statement of Disability* and Form 129: *Preliminary Application for Disability Retirement*. Your claim is **not** complete until all of the sections of this Form 20: *Statement of Disability* are properly completed and submitted to the Agency. Submission of the required forms to the Maryland State Retirement Agency is **your responsibility**. Sections 2 and 3 of the Form 20 must be properly completed and submitted within **45 days** of the date your claim is submitted or your disability claim file will be closed and your disability claim will be terminated.

SECTION ONE: APPLICANT/MEMBER

Disability Application:

By signing my name below, I hereby certify that I am mentally or physically incapacitated for the further performance of the normal duties of my position, and that this incapacity is likely to be permanent. I solemnly affirm under the penalties of perjury that all information and responses that I provide in this Statement of Disability are true to the best of my knowledge, information and belief.

Sign & Date

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

All applicants will be evaluated for ordinary disability retirement if the applicant has at least five years of eligibility service.

☐ Ordinary Disability I have at least five years of eligibility service.

If your disability is work-related and satisfies the criteria explained below, please select "Accidental Disability" or "Special Disability (State Police)/Accidental Disability (LEOPS)" below. **IMPORTANT:** If you do not apply for accidental or special disability, you may **not** later request accidental/special disability or submit a new claim based on an accident that took place before the date that you submit this form. **CHECK BELOW ONLY IF APPLICABLE.**

☐ Accidental Disability I had an accident that occurred in the actual performance of my work duties at a definite time and place without my willful negligence. I am totally and permanently incapacitated for the further performance of duty as the natural and proximate result of the accident.

☐ Special/Accidental Disability STATE POLICE / LEOPS ONLY: I am totally and permanently disabled for duty arising out of and in the course of the actual performance of duty without my willful negligence.

**THIS SECTION MUST BE COMPLETED IF YOU ARE APPLYING FOR ACCIDENTAL OR SPECIAL DISABILITY**

**IMPORTANT:** List every accident that you believe is the cause of your disability. If you are a member of the State Police Retirement System or Law Enforcement Officers' Pension System and your claim is not based on a specific accident, describe how your disability arose out of and in the course of the performance of your job duties. Use additional pages if needed. If you do not identify a work-related accident on this form, you may not later request accidental or special disability or submit a new claim based on an accident that took place before the date that you submit this form.

DESCRIBE ACCIDENT: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Witness to accident:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Description of Accident (Attach additional pages if needed.): \_\_\_\_\_

Have you applied for Workers' Compensation Benefits? ☐ Yes ☐ No

If you apply for and receive any related Workers' Compensation benefits, your accidental or special disability retirement benefit may be reduced. Retirement law requires the Board to reduce your disability retirement allowance by an amount equal to the related Workers' Compensation benefits (less certain statutory exemptions). This may result in a suspension or reduction of your disability retirement allowance for a period of time.

Retirees of a participating governmental unit and retirees of the Employees' Pension/Retirement System who receive disability retirement benefits as an employee of a county board of education or Board of School Commissioners of Baltimore City are not subject to this provision. These retirees may be subject to an offset of their Workers' Compensation benefits in accordance with Md. Code Ann., Labor and Employment Art. §9-610.

If you have applied for Workers' Compensation Benefits, attach copies of all forms submitted to Workers' Compensation Commission and all orders or awards issued by Workers' Compensation Commission for each accident.

ALL APPLICANTS MUST RESPOND TO THE FOLLOWING (Attach additional pages if needed):

1. Describe your disability or medical condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you receiving Social Security Disability Benefits? ☐ Yes ☐ No ☐ In Progress
3. I agree to appear before the physician(s) designated by the Maryland State Retirement Agency at such time and place as arranged by the Agency if an additional opinion is required by the Medical Board:

Sign

\_\_\_\_\_  
APPLICANT'S SIGNATURE

DISABILITY APPLICANTS — EMPLOYMENT

Job where accident or disability occurred:

1. Name of employer: \_\_\_\_\_
2. Date of hire: \_\_\_\_\_ Last date of employment (if applicable): \_\_\_\_\_
3. Job title: \_\_\_\_\_
4. Description of position held: \_\_\_\_\_  
\_\_\_\_\_
5. Describe how your disability affects your job performance: \_\_\_\_\_  
\_\_\_\_\_
6. Name and phone number of immediate supervisor or foreman: \_\_\_\_\_

All other current employment (if different from above):

7. Name of employer: \_\_\_\_\_
8. Date of hire: \_\_\_\_\_ Last date of employment (if applicable): \_\_\_\_\_
9. Job title: \_\_\_\_\_
10. Description of position held: \_\_\_\_\_  
\_\_\_\_\_

The Maryland State Retirement Agency may require additional information upon request. You have a continuing obligation to update and report any changes in employment during the claim process.

By signing my name below, I hereby certify that the information provided is true to the best of my knowledge, information and belief.

Sign & Date

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



# AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

SOCIAL SECURITY NUMBER		DATE OF BIRTH	
[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]		[ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
		Month	Day Year
NAME			
[ ] [ ]		[ ] [ ]	
First		Initial	Last

1. In accordance with Maryland's Health General Article §4-303, I authorize the use or disclosure of the above-named individual's health information as described below.
2. The following individuals or organizations are authorized to make the disclosures:  
 Name of employing agency \_\_\_\_\_  
 Name of physician(s) completing Physician's Medical Report \_\_\_\_\_
3. The health information may be disclosed to and used by the State Retirement and Pension System of Maryland, State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202 for the purpose of the application for disability retirement benefits.
4. The type and amount of information to be used or disclosed is as follows:  
 All Medical Records including but not limited to:
  - a. Workability evaluations
  - b. Examinations done by or at the request of the State Medical Director
  - c. Records submitted to the Workers' Compensation Commission
  - d. Medical documents, reports, etc. contained in any files maintained by the employing agency.
  - e. Treatment notes, test results, x-rays, MRI's or other diagnostic studies, correspondence, and reports from other physicians.
5. I understand that my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavior or mental health services, and/or treatment for alcohol and drug abuse.
6. I understand I may inspect or copy the information to be used or disclosed. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
7. This authorization shall expire two years after the date of its execution.

If I have questions about disclosure of my health information, I can contact the State Retirement Agency and speak with a retirement benefits specialist.

Sign & Date	_____	_____
	APPLICANT'S SIGNATURE	DATE
	_____	
	WITNESS SIGNATURE	

## SECTION TWO: RETIREMENT COORDINATOR/EMPLOYER

Dear Retirement Coordinator —

A member of your agency is in the process of submitting an application for disability retirement. The following forms must be received in order to open a claim: *Preliminary Application for Disability Retirement* (Form 129) and *Statement of Disability* (Form 20.) In addition, retirement coordinators must submit:

1. Employer's "Report of Accident," if accidental disability is claimed
2. Employee's job description – signed and dated
3. Performance evaluations – last two years
4. Attendance/leave reports – Summary of the last two years (include key explaining any codes)
5. *Application to be Placed on a Qualifying Approved Leave of Absence* (Form 46), if applicable

The retirement coordinator must submit all the applicable documentation listed above to the Maryland State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202. This documentation needs to be received by the Retirement Agency within 45 days from the member's submission to you. The employer may also be asked to provide additional information relevant to the determination of the disability claim at a later date.

Name of applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Job title of applicant: \_\_\_\_\_

Is the employee still employed in this position? ☐ Yes ☐ No

If the employee is still employed in this position, which best describes the employment status of the employee?

- ☐ Employed - working normal duties and regular schedule  
☐ Employed - working normal duties but reduced schedule  
☐ Employed - working restricted duties and regular schedule  
☐ Employed - working restricted duties and reduced schedule  
☐ Employed - not working (on a paid or unpaid leave of absence)  
☐ Other - Describe: \_\_\_\_\_

If the employee is no longer employed in this position, separation was effective on this date: \_\_\_\_\_, and was due to:

- ☐ Termination  
☐ Resignation  
☐ Other – Describe: \_\_\_\_\_



**SECTION TWO: RETIREMENT COORDINATOR/EMPLOYER**

Are there any pending disciplinary actions against this employee? ☐ Yes ☐ No If yes, please provide details:

---

---

---

---

---

Retirement coordinator: Please date and sign below.

By signing below, I certify that to the best of my knowledge, the answers I have provided above are correct and the information provided (accident report, job description, performance evaluations, and attendance/leave reports) to the Retirement Agency are complete and accurate.

\_\_\_\_\_  
RETIREMENT COORDINATOR NAME (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RETIREMENT COORDINATOR SIGNATURE

Agency's name and mailing address: \_\_\_\_\_  
\_\_\_\_\_

Direct phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### SECTION THREE: PHYSICIAN

#### PHYSICIAN'S MEDICAL REPORT

##### Part One – Completed by Applicant

(Print or type)

Member Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Yrs)  
Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

##### AUTHORIZATION FOR PHYSICIAN'S MEDICAL REPORT(S)

Dear Doctor:

Please complete the Physician's Medical Report and forward it directly to the Medical Board of the State Retirement Agency. In addition, you are authorized to provide further information regarding my condition to the physician(s) designated by the Retirement System.

Sign & Date

APPLICANT'S SIGNATURE

DATE

##### Part Two – Physician's Information

PLEASE DO NOT USE ABBREVIATIONS — See page 8 for instructions.

I. HISTORY: (Give subjective complaints, past and present, dates of first and most recent examinations and frequency of visits.)

II. POSITIVE PHYSICAL FINDING: Please show all pertinent findings (with dates)

HEIGHT	WEIGHT	BLOOD PRESSURE

III. POSITIVE LABORATORY FINDINGS  
AND SPECIAL STUDIES:

Give results of all pertinent studies including x-rays, EKG's, etc., with dates. (In the case of EKG's, please attach a copy of the tracing or a detailed description thereof).

IV. DIAGNOSIS: If International Classification of Diseases (ICD) or procedure codes are listed, please include a brief description of the health problem/procedure.

- 1.
- 2.
- 3.

**SECTION THREE: PHYSICIAN****Part Two (con't) – Physician's Information**

V. TREATMENT AND RESPONSE:

VI. EVALUATION: Please provide your evaluation as to the patient's ability to perform the duties required by his/her employment.

VII. PROGNOSIS:

VIII: Is the applicant permanently and totally incapacitated from a mental or physical condition for the further performance of the normal duties of his or her position?

☐ Yes    ☐ No    ☐ Undetermined

Why?: \_\_\_\_\_

REPORTING PHYSICIAN'S NAME AND ADDRESS: (TYPE OR PRINT)	Physician's Signature	Specialty	Telephone Number
	Email Address	FAX Number	Date

**Part Two – Physician's Information -- Instructions**

The patient above has applied for disability retirement with the Maryland State Retirement Agency. Please complete the enclosed Physician's Medical Report and forward it directly to the Medical Board of the Maryland State Retirement Agency (Agency). If this report is not received within 45 days, the applicant's disability claim will be closed.

Once the required documentation has been received, the applicant's claim will be reviewed by a Medical Board. The Medical Board determines the outcome of the applicant's disability claim without the benefit of a personal examination. Therefore, it is critical that you submit adequate documentation to support the claim. The Agency needs sufficient details of any medical problems so that the Medical Board may determine the severity and duration of the medical condition claimed. Listed below are examples of types of reports that may prove beneficial for the Medical Board and, therefore, should be submitted:

- History of visits
- Hospital records (Operative and discharge summaries)
- Physical and diagnostic findings
- Clinical study reports
- Laboratory and special study reports
- Diagnosis and treatment responses
- Physical therapy and response
- Neurological and/or orthopedic consultations
- Updated medical reports from a specialist
- Stress tests, EKG and echocardiogram test results
- Diagnostic studies, including but not limited to x-rays, EEG, myelogram, angiography, CAT scan
- Hypertension cases – six months of blood pressure readings
- Treatment records for the disability claimed, even if they precede the date of the accident

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • [sra.maryland.gov](http://sra.maryland.gov)

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(REV. 10/18)

#### SECTION FOUR: IMPORTANT POINTS TO KNOW

Instructions: Please review the following information when filing for disability retirement. For retirement counseling, call 410-625-5555 or 1-800-492-5909.

- ☐ Disability Retirement is a two-step process. First, you must file your initial claim package and supply whatever documentation is needed to establish your disability. Once you have been approved for disability, you must take the second step and file your final retirement application. Remember, you are not actually retired until both steps have been completed.
- ☐ You must complete a *Statement of Disability* (Form 20), a *Preliminary Application for Disability Retirement* (Form 129), an *Application for an Estimate of Disability Retirement Allowances* (Form 21A, Form 22 for State Police, Form 100 for LEOPS), and submit the properly completed forms to the Maryland State Retirement Agency.
- ☐ Your employer must send your job description (with the signature of the appointing authority or designee and the date), your performance evaluation, and your attendance/leave records.
- ☐ The Physician's Medical Report must be completed and submitted by your doctor, including medical records needed to support your claim. You are responsible for the payment of any costs in obtaining medical records.
- ☐ If during the filing process your employer places you on a medical unpaid leave of absence, file an *Application to be Placed on a Qualifying Approved Leave of Absence* (Form 46). Filing this form protects your death benefit while on an unpaid medical leave.
- ☐ Only a member may file a claim for disability retirement. Generally, membership ends at retirement, at your death, upon withdrawal of contributions, or, for members in systems listed below, as follows:  
     Teachers' Retirement System.....Five years after paid employment ends  
     All Other Systems (Except Judges' or Legislative) .....Four years after paid employment ends
- ☐ If your active membership has ended and you have not retired or withdrawn your accumulated contributions, an extended filing period may be available, but you must prove mental or physical incapacitation as the reason for not filing during the membership period as follows:  
     Teachers' Retirement System.....One year after membership ends  
     All Other Systems (Except Judges' or Legislative) .....Two years after membership ends
- ☐ Members applying for accidental disability retirement have a five-year accident limitation. An accidental disability application may not be accepted or considered from a member if filed more than five years after the date of the claimed accident. (No accident filing limit applies to members of the Law Enforcement Officers' Pension System, Correctional Officers' Retirement System and the State Police Retirement System.)
- ☐ An applicant who, at the time of submission of the *Statement of Disability* (Form 20), fails to request accidental disability retirement or fails to identify a work-related accident, may not later request accidental disability retirement or submit a new claim for accidental disability retirement based on a work-related accident that took place before the date the *Statement of Disability* (Form 20) was submitted.
- ☐ A member or former member who applies for service retirement may apply for disability retirement only if the member or former member submits a properly completed *Statement of Disability* (Form 20) and *Preliminary Application for Disability Retirement* (Form 129) before the effective date of retirement.
- ☐ If the Board of Trustees approves your claim for disability retirement, you must accept a disability or service retirement within 120 days of the date of notification. If you fail to properly complete and submit the required forms and retire within 120 days of notification, the State Retirement Agency will close your file, your disability claim will be terminated, and you will not be entitled to disability retirement benefits.
- ☐ **IMPORTANT:** If you are a state employee, please note that if you are granted a disability retirement and do not retire within 120 days of notification, Maryland regulations provide that you will be considered resigned from your position.
- ☐ These instructions provide a general summary of the disability claim process. The Maryland State Retirement and Pension System is governed by law, including Division II of the State Personnel and Pensions Article of the Annotated Code of Maryland, and Title 22 of the Code of Maryland Regulations ("COMAR"). Disability benefits are payable in accordance with Title 29, Subtitle 1 of the State Personnel and Pensions Article, and COMAR Title 22, Subtitle 6. If there is a conflict between the law and these instructions, the law prevails.
- ☐ Go to [sra.maryland.gov](http://sra.maryland.gov) to view two videos: Overview of Disability Retirement and Filing for Disability Retirement.

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • [sra.maryland.gov](http://sra.maryland.gov)

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## **Estimate of Disability Retirement Allowances FORM 21**

### **APPLICANT'S SECTION**

- Complete the front page of this form.
- Verify the Social Security number is correct.
- Effective date of retirement can be left blank.  
The Retirement Agency will determine the earliest effective date upon approval of disability benefit.
- Provide a daytime telephone number.
- If the beneficiary name and age have been left blank, no estimates will be provided for Options 2, 3, 5 and 6.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's spouse or disabled child.
- File Form 21 along with the Statement of Disability (Form 20).

If effective date of retirement is other than the first of a month, monthly retirement benefit will not commence until the first of the month following selected retirement date. Benefits are paid at the end of each month for the month just ended.





## **State Police –Estimate of Disability Retirement Allowances FORM 22**

### **APPLICANT'S SECTION**

- Verify that the Social Security number is correct.
- Effective date of retirement can be left blank.  
The Retirement Agency will determine the earliest effective date upon approval of disability benefit.
- If the applicant is not married, the optional allowances are available. A beneficiary name and date of birth must be completed in order to provide estimates for Options 2, 3, 5 and 6.
- If Option 2 or 5 is selected, beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.
- File Form 22 along with the Statement of Disability (Form 20).

**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**STATE POLICE RETIREMENT SYSTEM: APPLICATION FOR  
AN ESTIMATE OF DISABILITY RETIREMENT ALLOWANCES**

**IMPORTANT: To be completed by member:** Print in ink or type. If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

RETIREMENT  
USE ONLY FORM 22 (REV. 1/18)

**To be completed by the member\*:** At actual retirement, if your effective date is other than the first of a month, your monthly retirement benefit will not commence until the first of the month following your selected retirement date. Benefits are paid at the end of each month for the month just ended.

\* Application by Surviving Beneficiary: Your surviving beneficiary may be eligible to apply for a benefit if you die within seven days of completing the Preliminary Application for Disability Retirement (Form 129) and the Maryland State Retirement Agency receives the form within 30 days of your death. In this situation, your beneficiary should contact the Maryland State Retirement Agency for filing instructions.

**TYPE OF DISABILITY: (PLEASE CHECK):** ☐ **ORDINARY** ☐ **SPECIAL**

**SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**EFFECTIVE DATE OF RETIREMENT**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MO DAY YR

**DAYTIME TELEPHONE NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**NAME**

\_\_\_\_

**FIRST**

**INITIAL**

**LAST**

**ADDRESS**

\_\_\_\_

**NUMBER AND STREET**

\_\_\_\_

**CITY**

**STATE**

**ZIP CODE**

**EMAIL ADDRESS:**

\_\_\_\_

**RETIREMENT ALLOWANCES:** If you are married at the time of retirement, you will receive an estimate for the Basic Allowance only. If you are unmarried and name a beneficiary, you will receive an estimate for the Basic Allowance and all option allowances (1-6). If no beneficiary is named, you will receive an estimate for the Basic Allowance and Options 1 and 4 only. Remember, once your first retirement check is paid, you may not change your allowance option.

**IF OPTION 2, 3, 5 OR 6 IS REQUESTED INDICATE:**

Relationship (check): ☐ Spouse ☐ Disabled child ☐ Other

Beneficiary's  
Date of Birth

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Beneficiary's  
Gender

\_\_\_\_

**BENEFICIARY'S NAME**

\_\_\_\_

**FIRST**

**INITIAL**

**LAST**

If electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child.

**BASIC:** Provides the largest monthly allowance each month until your death. At the retiree's death, 80% of the monthly allowance will be paid to the surviving spouse for life or until such surviving spouse dies. If there is no eligible surviving spouse then 80% of the monthly allowance will be paid in equal shares to the children of the deceased retiree who are under age 18 until each child dies or attains age 18. If the retiree has no spouse or no children under age 18, the allowance ceases at the retiree's death.

**THE FOLLOWING OPTIONAL ALLOWANCES ARE AVAILABLE ONLY TO MEMBERS WITHOUT SPOUSES.**

**OPTION 1:** Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

**OPTION 2:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

**OPTION 3:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

**OPTION 4:** Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

**OPTION 5:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

**OPTION 6:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

Do you wish to purchase any previous service for which you are eligible? ☐ YES ☐ NO

If yes, obtain a request to purchase previous service from your retirement coordinator and attach a copy with this application.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date



## Request to Purchase Previous Service FORM 26

### APPLICANT'S SECTION

- Complete all sections in the top half only.
- Use a separate form for each employer or retirement system.
- Exact dates of service must be completed by month/day/year.
- Applicant may not verify his or her own employment.
- Fill in signature and date and indicate a daytime telephone number.
- If enrolled under another last name for employment requested, please provide former name.
- Send Form 26 to the place of employment or appropriate retirement system for verification or certification. Do not send to the retirement agency for verification.

### TYPES OF SERVICE REQUESTED FOR PURCHASE

In-State Service Member employment with a participating MSRPS employer including state agencies, participating governmental units and permanent teaching service. In-state service includes delayed enrollment, contractual service and any other State or Participating Governmental Unit service not already in their MSRPS account.

Leave of Absence Credit for a qualifying MSRA approved leave of absence up to a maximum of 2 years.

State Redeposit Contributions plus interest previously withdrawn from the MSRPS

Non-State Service Out-of-State and/or private school teaching, federal government, out-of-state municipal and non-participating municipal service

Municipal Redeposit Re-deposit of funds withdrawn or credit transferred from a non-participating municipal retirement system.

### VERIFICATION OF EMPLOYMENT

- To be completed by agency where employed during requested dates of service.
- Complete all columns in the verification of employment section.
- Verify exact dates of employment by month/day/year. List all salary changes.
- When listing employment periods, do not indicate reason for leaving the job. This causes confusion and makes the employment period appear to be a leave period.
- When listing unpaid periods (i.e. leave of absence), **do not** identify these periods as employment. Specify that the period is a leave of absence and indicate the reason or type of leave.

### CERTIFICATION OF WITHDRAWN MEMBERSHIP BY THE RETIREMENT SYSTEM CERTIFYING PREVIOUS MEMBERSHIP

- To be completed **only** by a municipal retirement system where previous membership has been withdrawn.
- Complete all columns in the Certification of Withdrawn Membership section.
- Specify dates of any additional service included in the withdrawn membership, military or purchased credit, etc.
- If membership was in a non-contributory plan, write "non-contributory" in "Total Amount Withdrawn" section.



## INSTRUCTIONS FOR COMPLETING FORM-26

### TO THE MEMBER:

Complete all sections of the form down to the dotted line. Use a separate form for each employer or retirement system. To purchase retirement credit for EMPLOYMENT, indicate the agency name and address where you were employed and the period of service worked.

To redeposit or transfer credit from a RETIREMENT SYSTEM, indicate the name and address of the retirement system and dates of your former membership. Sign and date the form; upon completion, submit it to the agency verifying employment.

### TO THE AGENCY VERIFYING EMPLOYMENT:

Verify employment and yearly salaries, including employment dates (month/day/year), resignation dates, periods of leave of absence (indicate reason) and dates of salary changes.

Indicate the percentage of part-time employment for each year or partial year of employment.

Indicate position, title and type of employment (for example: permanent, temporary, contractual, etc.)

Verification must be signed and dated.

Upon completion, return to the State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-1600.

### TO THE RETIREMENT SYSTEM CERTIFYING MEMBERSHIP:

Certify amount of service credited and refund given to former member of your system.

Withdrawal date and total amount withdrawn must be completed. If retirement plan is non-contributory, indicate under Total Amount Withdrawn.

**Important:** Indicate if member is currently receiving a benefit from your system for this period of service.

Certification must be signed and dated.

Upon completion, return to the State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-1600.

**NOTE:** If the previous Retirement System is the State Retirement and Pension System of Maryland, this section is to be left blank.

## TYPE OF SERVICE REQUESTED

**In State Service**--Employment with an agency which participates in the State Retirement and Pension System. This includes: State Employment, Permanent Teaching Service, and employment with a participating municipality.

**Leave of Absence**--Credit for a qualifying approved leave of absence up to a maximum of 2 years.

**State Redeposit**--Funds previously withdrawn from the State Retirement System of Maryland.

**Non-State Service**--Credit for out of state and/or private school teaching, federal government, out of state municipal and non-participating municipal service, (may only be claimed in the twelve month period immediately preceding retirement).

**Municipal Redeposit**--Redeposit of funds withdrawn or credit transferred from a municipal retirement system.

**Other**--If none of the above apply, describe the type of service to be purchased.

**Note:** If service may be claimed only in the year of retirement, enter proposed retirement date and amount of service to be purchased. Also, submit Form -9 (Application For an Estimate of Service Retirement Allowance). The proposed effective date of retirement must be within one year of application.

When complete, send this form to the agency or retirement system you have indicated.

### NEED HELP?

IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT COUNSELOR AT  
410-625-5555 (LOCAL) OR TOLL FREE 1-800-492-5909.

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# Frequently Asked Questions...

when filing the

## *Request to Purchase Previous Service (Form 26)*

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Please review the following information when applying to purchasing service credit.

For retirement assistance call: 410-625-5555 or 1-800-492-5909.

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Question: What types of service are purchasable?

Answer: Generally, for most plans, a member may purchase service credit for eligible employment such as:

- Maryland state employment (in-state service)
- Political subdivision employment
- Out of state teaching service
- Federal government employment
- Public or non-public teaching service
- Post-secondary school teaching service
- Approved leave of absences
- Retroactive or missed service

Question: Who qualifies to purchase service credit?

Answer: Members currently on paid employment or on a Maryland State Retirement and Pension System (MSRPS) approved leave of absence (Form 46).

Question: How is the cost of the purchase calculated?

Answer: The cost of the purchase depends on the type of service requested for purchase. There are two methods to determine cost.

### **Normal Cost**

This type of cost is determined by calculating the contributions the member would have paid for the period in question, plus the statutory rate of interest.

Examples of Normal Cost purchases are:

- Retroactive or missed service
- MSRPS approved leave of absence
- Redeposit of previously withdrawn service credit

A normal cost purchase can be made at any time during your membership.

### **Full Cost**

This type of cost is determined by computing the additional reserves needed to fund the retirement benefit created by the additional service credit to be purchased. Some of the factors that are part of this calculation are the member's age and average final compensation at the time of retirement. The information required to calculate the reserves needed to fund your retirement is only available as you approach retirement. Therefore, an application for a full cost

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purchase may only be made in the 12 months prior to retirement. The final cost is adjusted at the time of actual retirement.

Examples of Full Cost purchases are:

- Out of state teaching service
- Federal employment
- Out of state municipal employment
- Contractual service as a state employee

Question: Why is the average final compensation at the time of retirement used and not the salary in effect from the employer where the time is being purchased?

Answer: In order to compute the cost of a full cost purchase, we have to calculate the additional reserves that will be needed to fund the retirement benefit created by the additional purchased credit. Because your Average Final Compensation (AFC) is used to calculate your retirement benefit, it must also be utilized to calculate the cost of the purchase. A calculation is completed using the AFC to show the difference between the reserves needed to pay the retirement benefit with and without the purchase of service. The difference is the calculated cost of the purchase.

Question: Why is the purchase price for a Full Cost purchase prohibitively expensive?

Answer: A member is paying the additional reserves needed to fund the retirement benefits for the life of the member.

Question: How much service can a member purchase?

Answer: When purchasing service that is considered full cost within the 12 months prior to retirement, members may purchase a minimum of one month up to a maximum of 10 years of service credit. Some restrictions apply, so please see your benefits handbook.

An MSRPS approved leave of absence must be purchased in its entirety with a maximum service amount of two consecutive years. All other normal cost purchases must be purchased in their entirety as well, but there is no limitation on the amount of time purchasable. Anytime during membership, a member may purchase service that is considered normal cost.

Question: Is a purchase of service voluntary or mandatory?

Answer: A purchase of service is always voluntary.

Question: What are the steps necessary to request a purchase of service?

Answer: A member must complete a Form 26 – *Request to Purchase Previous Service* for each location from which they wish to purchase service. Complete the form by filling in all the information down to the dotted line, including type of service, previous agency information, dates of service, retirement date and the amount of service you wish to purchase. Mail the completed Form 26 to your previous employer for verification; once the form has been verified it is then forwarded to MSRPS. The Agency will then bill you for your purchase request. For additional information on how to complete the Form 26, please see the instructions page attached to the form.

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- Question: Why does MSRPS need verification of previous service and what should I do if my former employer cannot provide it?
- Answer: Verification of previous employment is important in order to correctly bill the member for the purchase of service. In order to correctly assess the purchase cost, we must know the specific dates a member worked, salary history, and the type of employment. If there is an issue with verification from your former employer, please contact a retirement benefits specialist who may be of assistance.
- Question: When should a member make a request to purchase full cost service?
- Answer: A member should start the process to purchase full cost service 12 months prior to retirement. This provides a reasonable amount of time for the verification of service, the calculation of the purchase cost, and for your payment to be received at our agency.
- Question: Why can I only request a bill for a full cost purchase within 12 months preceding my retirement?
- Answer: The information required to calculate the reserves needed to fund your retirement is only available as you approach retirement. Some of the factors involved in the calculation are age, average final compensation, and the actual date of retirement.
- Question: What payment methods are available for purchases of service credit?
- Answer: Payment may be made by:
- Personal check
  - Cashier's check
  - Certified check
  - Money order
- In addition, federal law allows a member to roll funds from another tax deferred or eligible employer plan for a purchase of service credit. Under Federal law, MSRPS can accept transfers from a:
- Traditional IRA
  - Eligible employer plan under §401(a) of the Internal Revenue Code including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan and money purchase plan
  - Section 403(a) annuity plan
  - Section 403(b) tax sheltered annuity
  - Section 457(b) government plan
- Question: What happens if I do not pay the purchase of service invoice prior to the due date?
- Answer: Although multiple payment sources may be used to make the purchase, the cost must be paid in full before the service is credited to your account. Failure to pay by the due date voids the transaction. A new Form 26 would need to be completed with an updated retirement date; upon receipt, a new cost to purchase the service would be calculated.
- Question: Who qualifies for a 50% reduction in cost?
- Answer: Members of the Employees' Pension System may purchase service credit for periods of state employment not in their account at a cost equal to 50% of the full cost. Members of the

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Teachers' Pension System can also purchase service credit for periods of employment as a member of the Teachers' Retirement System or the Teachers' Pension System which are not in their account at a 50% reduction in the full cost.

The reduction in cost is applied if:

- You are not employed by a participating or withdrawn local governmental unit (refer to the agency's Comprehensive Annual Financial Report on our website for a list of withdrawn units) and
- You are not otherwise entitled to service credit in a state system for the same period of employment.

If you are eligible for this cost reduction, it is already applied to the bill sent to you.

Question: How do I know if I should purchase service credit?

Answer: Making a service purchase increases the amount of your retirement benefit. In some cases, a purchase will also make you eligible to retire sooner.

While completing your Form 26, if you are eligible to retire within 12 months, please fill out an *Application for an Estimate of Service Retirement Allowance* (Form 9 for most members). Please check the box at the bottom of the form indicating that you are interested in purchasing service. After you receive the bill regarding your purchase of service request, estimates will be mailed to you that reflect your monthly pension benefit with the purchase of service calculated into the benefit and without the purchase. Compare the monthly benefits and determine if the purchase is in your best interest.

Question: How does the purchase of service affect the Basic Allowance option for retirement if I die shortly after retirement?

Answer: Because the Basic Allowance option pays you the largest possible benefit each month until your death, the purchase of service increases your monthly benefit amount when compared to the amount you would receive without the service purchase. However, if you elect the Basic Allowance, all monthly payments stop at your death (including eligible beneficiary health insurance coverage for state employees, if applicable). After your death, your beneficiary or estate receives one additional monthly payment only if your death occurs on the 16<sup>th</sup> of the month or later.

Question: What is a redeposit?

Answer: If you are currently in the Employees' or Teachers' Pension System (restrictions apply) and had previously terminated your plan membership by withdrawing your accumulated contributions, you may be eligible to redeposit funds to purchase this prior service. The redeposit can be made any time before retirement by paying the member contributions you would have made for the period of employment being purchased, plus the statutory interest.

To make a redeposit and reinstate your prior service credit, you need to complete Form 26 and send it to the Retirement Agency for processing. The agency will send you a bill for the actual amount you owe.

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Question: What if I have any further questions or need any help with completing the forms?  
Answer: Please contact the State Retirement Agency at 410-625-5555 or toll-free at 1-800-492-5909 and speak with a retirement benefits specialist for any further assistance. Copies of the Form 26 and our other forms can be obtained from your Retirement Coordinator, your human resources department, on our website at [sra.maryland.gov](http://sra.maryland.gov) or by calling our office at the telephone numbers shown here.

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## **Certification of Annual Salary FORM 28**

### **AGENCY SECTION**

- Submit Form 28 to the retirement agency upon the death of an active member.
- Complete all sections.
- Be sure date of death is accurate.
- Enter the number of unused sick leave days deceased had at time of death.

### **RETIREMENT COORDINATOR'S SECTION**

- Complete payroll information by listing:
  - Last reported payroll to Maryland State Retirement Agency
  - Any interim payrolls to be submitted
  - Final employee payroll information
- Sign and date form.
- List Agency name and telephone number.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

REQUEST FOR CERTIFICATION OF ANNUAL SALARY

RETIREMENT  
USE ONLY

FORM 28 (REV. 4/14)

We regret to learn of the death of the following employee who was a member of the Maryland State Retirement and Pension System. You are requested to certify to the State Retirement Agency the annual salary being paid at the date of death to the following deceased member/employee. The accuracy of the annual salary is most important since it determines the amount of death benefit proceeds payable to the beneficiary(ies) of the deceased member/employee. The annual salary should agree with the employer's current salary scales or with a current contract negotiated by the employer. Please explain any variance between the certified annual salary and the current scales or contract.  
IMPORTANT: Print in ink or type.

(RETIREMENT COORDINATOR PLEASE COMPLETE ALL APPROPRIATE ITEMS)

Name: \_\_\_\_\_  
First Middle Last  
Social Security No: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Month Day Year  
Address: \_\_\_\_\_  
Number and Street  
City & State ZIP Code  
Member's Telephone No.: \_\_\_\_\_  
Employing Agency: \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_/Grade\_\_\_\_\_/Step\_\_\_\_\_  
Title of Position: \_\_\_\_\_  
Sick Leave - Days Unused \_\_\_\_\_  
(If none enter word "NONE")  
Explanation: \_\_\_\_\_  
As of \_\_\_\_\_  
Month Day Year  
This member was killed in the performance of his or her duties: ☐ Yes ☐ No

CERTIFICATION:

I hereby certify that the above annual salary is the salary being paid the deceased member/employee at the date of death and that the above total days of unused sick leave matches the amount on file at the member/employee date of death.

Printed Name Title (Area Code) Telephone Number  
Signature Date

PAYROLL INFORMATION:

Last Reported Payroll Period: \_\_\_\_\_ Ending \_\_\_\_\_  
Wk., Mo., Qtr., Mo. Day Yr.  
Bi-wk., Semi-mo.  
Contribution \$ \_\_\_\_\_, Standard Hours \_\_\_\_\_, Actual Hours Paid \_\_\_\_\_, Pay Period Ending \_\_\_\_\_  
Mo. Day Yr.  
Contribution \$ \_\_\_\_\_, Standard Hours \_\_\_\_\_, Actual Hours Paid \_\_\_\_\_, Pay Period Ending \_\_\_\_\_  
Mo. Day Yr.  
Employee's Final Contribution of \$ \_\_\_\_\_, Standard Hours of \_\_\_\_\_ and Actual Hours Paid of \_\_\_\_\_, will be  
Reported on Payroll Period Ending \_\_\_\_\_  
Mo. Day Yr.

Printed Name Agency Name (Area Code) Telephone Number  
Signature Date

## **Election to Transfer Service FORM 37**

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Transfers to and from the Correctional Officers' System or the State Police System require continuous service

### **APPLICANT'S SECTION**

- Verify that the Social Security number is correct.
- Applicant must complete name, address and day-time telephone number.
- Indicate former system and new system to which applicant is transferring.
- Date and signature of applicant must be completed.

### **RETIREMENT COORDINATOR'S SECTION**

- Accurately answer employer information accurately.
- Answer questions A through G accurately.
- If member is transferring credit to the Teachers' system, give a brief job description of position. If job classification is not specifically listed in COMAR 22.04.03, attach a complete job description.
- Indicate system, location code, pay code and telephone number.
- Complete signature and date.
- If member is transferring from the Correctional Officer or the State Police system to any other system, call the retirement agency for instructions.
- When the transfer described above takes place, it is possible that the member may not receive a refund of the contributions.

Advise members to contact MSRA to discuss transfer rules, options and plan differences such as benefit allowance, retirement eligibility, contribution rate, vesting and any other transfer factors.



### **Election to Combine Prior Employees or Teachers Pension Service FORM 37.37**

Election to combine prior vested Employees or Teachers Pension System service credit and/or accumulated contributions with current Employees or Teachers Pension System service credit subject to a different benefit rate and/or eligibility.

#### **APPLICANT'S SECTION**

- Verify that the Social Security number is correct.
- Applicant must complete name, address and day-time telephone number.
- Date and signature of applicant must be completed.
- The member will be notified in writing if the transfer results in a contributions deficiency

#### **RETIREMENT COORDINATOR'S SECTION**

- Accurately answer employer information accurately.
- Answer questions A through D accurately.
- Indicate system, location code, pay code and telephone number.
- Complete signature and date.

Advise members to contact MSRA to discuss transfer rules, options and plan differences such as benefit allowance, retirement eligibility, contribution rate, vesting and any other transfer factors.

This is an irrevocable election. Once made it cannot be reversed.





## **Claim of Retirement Credit for Military Service FORM 43**

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- If active duty was **prior** to membership in the State Retirement and Pension System of Maryland, member must have at least ten years of creditable service to be eligible for military credit.
- If active duty interrupts the membership in the State Retirement and Pension System, there is no creditable service requirement. The claimant must return to active membership in a State system within one year of release from active military duty. Also, the claimant must not accept any other permanent employment between the release from active duty and the return to the job.
- Inactive duty in the National Guard and service while a member of the reserve component of the armed forces of the United States is determined by a point system based on the number of days in a year the member is actively participating in the National Guard or other reserve forces. This type of military service can be claimed once the member has at least ten years of creditable service.

### **APPLICANT'S SECTION**

- Applicant must complete top half.
- Complete dates of entry and discharge from the military must be included.
- A legible copy of the DD-214 or its equivalent must be attached.
- For multiple periods of active duty, attach a DD-214 or its equivalent for each period.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

CLAIM OF RETIREMENT CREDIT  
FOR MILITARY SERVICE

FOR RETIREMENT USE ONLY

FORM 043 (REV. 10/12)

**IMPORTANT:** Please see the accompanying page of this form, "Important Points to Know," for information on making a claim for retirement credit for your military service. Print in ink or type. Attach a copy of your military separation papers (Form DD214,) report of transfer discharge, consolidated retirement record or point credit summary for National Guard or Reserve service or a similar document. Make a copy of this completed form for your records.

**Need Help?** If you need assistance to complete this form, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

APPLICANT'S SOCIAL SECURITY NUMBER

\_\_\_\_-\_\_\_\_-\_\_\_\_

APPLICANT'S HOME PHONE NUMBER

\_\_\_\_-\_\_\_\_-\_\_\_\_

TYPE OF CLAIM

- (CHECK) ☐ ACTIVE DUTY SERVICE REPORTED ON FORM DD214  
☐ ACTIVE DUTY IN A GUARD OR RESERVE UNIT  
☐ INACTIVE DUTY IN THE NATIONAL GUARD OR A RESERVE UNIT

APPLICANT'S NAME

\_\_\_\_

First

\_\_\_\_

Initial

\_\_\_\_

Last

HOME ADDRESS

\_\_\_\_

Number and Street

\_\_\_\_

City

\_\_\_\_

State

\_\_\_\_

Zip Code

To the Board of Trustees.

I claim retirement credit for the following period of military service:

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Date of Entry Date of Discharge Branch of Armed Services

I hereby certify that I am not eligible to receive credit for this period of military service from any other retirement system for which retirement benefits have been or will be received, except for credit for military service provided under the Social Security Act, National Railroad Retirement Act, Title 3 or Title 10, Chapter 1223, Sections 12731 through 12737 of the United States Code, or disability payments from a pension or retirement system.

I promise to notify the Maryland State Retirement Agency in writing if I should receive retirement credit or benefits for this period of military service in the future. I understand that the agency may stop paying benefits to me if I am receiving any benefit (other than from the Maryland State Retirement and Pension System) for this period of military service.

I understand that any retirement credit granted me for my military service will remain in my account and I cannot ask for it to be removed at a later date.

Complete Signature

Date Signed

Mail completed form and required attachments to:  
Maryland State Retirement Agency • 120 East Baltimore Street • Baltimore, MD 21202-6700

# Important Points To Know...

when filing the

## *Claim of Retirement Credit for Military Service (Form 43)*

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Please review the following information in regard to requesting retirement credit for military service. If you need assistance, please call 410-625-5555 or 1-800-492-5909.

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- ☐ Retirement credit for military service must be claimed prior to retirement. Retirees are not eligible to make a claim for retirement credit for their military service.
- ☐ Completion of a *Claim of Retirement Credit for Military Service (Form 43)* does not automatically grant you additional retirement service.
- ☐ Allow 30-45 days for the Maryland State Retirement Agency to review and process your claim. You will be notified in writing regarding the outcome of your claim.
- ☐ Once retirement credit for military service has been added to your membership record, it cannot be removed.
- ☐ You may not receive retirement credit for military service if you will receive credit for the same military service under any other pension system. This restriction includes military pensions, but does not apply to benefits paid under Social Security, the National Railroad Retirement Act, or to any National Guard, Reserve or disability pension.\*
- ☐ Military service that may qualify for retirement service credit:
  - ☐ Inactive duty in the National Guard or in a reserve component of the Armed Forces of the United States
  - ☐ Active duty/active duty training in any reserve unit or guard unit which occurred prior to your date of enrollment
  - ☐ Active duty in the Armed Forces of the United States
- ☐ A maximum of five years of retirement credit can be granted for military service that preceded membership.
- ☐ In order to claim retirement credit for military service that preceded membership, you must have 10 years of creditable service earned through employment as a member of the state system.

\* Disability payments from the Department of Veterans Affairs are not included, as they are not from a pension or retirement system.

*Continued on following page.*

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## Important Points to Know when filing the *Claim of Retirement Credit for Military Service* (Form 43)

*Continued from previous page.*

- ☐ A maximum of five years of military credit can be granted for military service that interrupted membership.\*\*
- ☐ To claim retirement credit for military service that interrupted your membership you must return to work within one year of your discharge from active duty or training and not accept any other permanent employment between your date of discharge and your return to work date.
- ☐ When applying for military service credit that interrupted membership, please provide a document from your employer confirming the date that you returned to employment.
- ☐ Along with the *Claim of Retirement Credit for Military Service* (Form 43), please include the appropriate documentation to support your military service:
  - ☐ DD-214
  - ☐ Documentation of your retirement points history
  - ☐ Certified orders
  - ☐ NGB-23 or similar form
- ☐ If you cannot locate your military documentation please visit [www.archives.gov/veterans](http://www.archives.gov/veterans). For Maryland National Guard members, please call 410-576-6000. For all other National Guard members, please contact the Military Personnel office of the Guard headquarters in the state in which you were last a Guard member.
- ☐ For additional information on Military Service Credit, please see your benefits handbook located at: <http://sra.maryland.gov/Participants/Members/Downloads/BenefitHandbooks.aspx> or the Guide to Military Service Pamphlet at: <http://sra.maryland.gov/Participants/Members/Downloads/GuideToMilitaryService.pdf>.

\*\* There is an exception for members that meet the Uniformed Services Employment and Reemployment Rights Act (USERRA) guidelines.

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## **Qualified Leave of Absence or Military Notification FORM 46**

### **APPLICANT'S SECTION**

- Applicant completes top half.
- Only one type of leave should be indicated.
- Leave may be requested up to a maximum of two years.
- Exact dates of the leave by month/day/year must be completed.
- An explanation of the leave for service that is government sponsored and/or subsidized must be attached.
- The leave form should be filed on or before the first day of the leave. MSRA Executive Director has limited authority to waive filing period requirements.
- If member is unable, employer may complete Form 46 on their behalf.
- If member is called to military duty, complete section, "Notification of Entry on Active Duty Military Service."

### **RETIREMENT COORDINATOR'S SECTION**

- Check appropriate retirement plan.
- List date leave was approved, agency name and agency code.
- Sign, date and include telephone number.
- Forward the original copy to the retirement agency.
- Advise members to submit a *Request to Purchase Previous Service* (Form 26) upon returning to work from an approved leave of absence.
- Advise member they or their beneficiary may be eligible during their absence for a disability or death benefit (§38-102). Advise member returning from military duty to submit Form-43 *Claim of Retirement Credit for Military Service* upon their return.

See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION for further information.

**QUALIFIED LEAVE OF ABSENCE REQUEST OR  
NOTIFICATION OF MILITARY SERVICE ENTRY**

FORM 46 (REV. 11/16)

MEMBER'S SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	EMAIL ADDRESS

**MEMBER'S NAME**

<hr/>		<hr/>		<hr/>
First		Initial		Last

HOME ADDRESS

Number and Street

City State ZIP Code

**TERM OF LEAVE (MAXIMUM 2 YRS.)**

- FROM   -   -      
Month Day Year
- TO   -   -      
Month Day Year

- 1) I understand that I may be able to obtain credit for my employee approved leave of absence if my leave is for any of the reasons listed above, does not last longer than two years, and I am later determined to be eligible for credit.
- 2) In return for any membership service credit for which I may become eligible, I agree to pay any retirement contributions within the required timeframe of my system which would have been due had I remained in active employment for the term of the leave of absence.
- 3) I understand that my leave of absence ends upon a separation from employment. If I separate from employment, I may purchase eligible service credit for a qualified leave of absence within 60 days after the expiration of the leave of absence.

Date Signed

I will report for military service on:

Month - Day - Year

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

Date Signed

**INDICATE SYSTEM:** ( ) TEACHERS' RETIREMENT PLAN ( ) TEACHERS' PENSION PLAN  
( ) STATE POLICE EMPLOYEES' RETIREMENT PLAN EMPLOYEES' PENSION PLAN  
CORRECTIONAL OFFICERS LAW ENFORCEMENT OFFICERS

EMPLOYING AGENCY CODE

Date/Telephone

FOR RETIREMENT USE ONLY

3	1	4
Code		

A	L
Status	

Initials &amp; Date



## Instructions for Completing Form 46

### TO THE MEMBER:

To apply to be placed on a qualifying approved leave of absence, complete the identification boxes at the top of the form, including social security number, phone number, name and address.

Check the type of qualifying leave you are requesting and complete the boxes for the beginning and ending dates. It is important to sign and date at the bottom of the Type of Qualifying Leave section.

Attach explanation and all supporting documentation.

If you are notifying the Maryland State Retirement Agency of military service entry, please enter the date you report for service. It is important to sign and date the form at the bottom of the Notification of Military Service Entry section. The Retirement Coordinator section does not need to be completed when reporting a military service entry date.

### TO THE RETIREMENT COORDINATOR:

Check the appropriate system for the applicant for a qualifying approved leave of absence. Enter the date the leave was approved. Enter the employing agency code, input the Agency Name, then sign and date the form. A phone number is requested should questions arise.

When Form 46 is used for notification of military service entry, you do not need to complete the Retirement Coordinator section.

### Service Credit for a Qualifying Leave of Absence

A member may be entitled to receive eligibility and creditable service for certain periods of employer approved leave of absence from employment, if the leave of absence meets the criteria for a "qualifying leave of absence" pursuant to the Board of Trustees' regulations, set forth at Code of Maryland Regulations 22.05.01.

To receive service credit for a qualifying leave of absence, a member:

- Must properly complete and submit this application to the Retirement Agency (signed by both the member and the member's employer) before the member commences a qualifying leave of absence;
- Must supply supporting explanation and documentation of leave, and promptly provide additional information at the request of the Retirement Agency;
- Must not be otherwise entitled to receive eligibility and creditable service credit during the period of the member's absence under State Personnel and Pensions Article, Division II or III, Annotated Code of Maryland; and
- Must pay the required member contributions with regular interest before retirement, as provided in this regulation.

If a member separates from employment, any eligible service credit for a qualified leave of absence must be purchased within 60 days of the expiration of the leave of absence.

### Notification of Military Service Entry

If you are called to active military duty or active/inactive duty for training during your membership, you should file Form 46 before leaving employment. The filing of this form serves only to give the Maryland State Retirement Agency notice of your absence.

You may claim up to five years of military credit upon returning to work, provided:

- you return to work with a participating employer within one year of your discharge from active duty or training; and,
- you do not accept other permanent employment between your date of discharge and your return to work

For additional information, refer to the following form/pamphlet. Print forms online at [sra.maryland.gov](http://sra.maryland.gov).

SRA Form 43 – Claim of Retirement Credit for Military Service

SRA Pamphlet – Guide to Military Service

Mail completed form to:

**Maryland State Retirement Agency • 120 East Baltimore Street • Baltimore, MD 21202-6700**

**Need help? Call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.**



## **Election Not to Participate in the MSRPS FORM 60**

THIS FORM IS COMPLETED BY ELIGIBLE EMPLOYEES ELECTING  
TO PARTICIPATE IN THE OPTIONAL RETIREMENT PLAN (ORP)

Eligible institutions of higher learning include: University System of Maryland, Morgan State University, St. Mary's College of Maryland, Community Colleges, and the Maryland Higher Education Commission.

### **APPLICANT'S SECTION**

- Applicant completes personal data at the top of form.
- Applicant completes election not to participate in boxed area, filling in date and signature.
- Form 60 must be accompanied by the plan contract.
- If employed with a community college, applicant must also submit the "Certification of Professional Position for Optional Retirement Program" with Form 60 and the plan contract.

### **RETIREMENT COORDINATOR'S SECTION**

- Indicate system, location code and number of pay periods reported per year.
- Sign and date form.
- List agency and telephone number.

Membership in MSRPS is mandatory until and unless the eligible employee selects the Optional Retirement Plan (ORP) within the first year of becoming eligible (Title 30).

Once an eligible employee selects ORP, they cannot change their election to enroll in MSRPS.

The option to participate in an alternate retirement plan is final, binding and irrevocable as long as the individual is an employee of an institution of higher learning which permits such an option.

If contributions were made to the MSRPS before ORP enrollment, they are immediately vested and cannot be withdrawn until ORP member is no longer employed by a participating employer or retires.

**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' SYSTEM BY FACULTY OR  
PROFESSIONAL OR ADMINISTRATIVE EMPLOYEES OF INSTITUTIONS OF HIGHER LEARNING**

FORM 60 (REV. 8/17)

**SECTION ONE:** To be completed by the applicant. Please use a pen and print clearly.

SOCIAL SECURITY NUMBER										GENDER		DATE OF BIRTH				DAYTIME PHONE NUMBER				
[ ]	[ ]	[ ]	-	[ ]	[ ]	[ ]	-	[ ]	[ ]	M or F	Mo.	Day	Yr.	[ ]	[ ]	-	[ ]	[ ]	[ ]	[ ]
NAME																				
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	First	Initial	Last								
EMAIL ADDRESS										EMPLOYING AGENCY										
[ ]										[ ]										

1. Have you ever been a member of the Optional Retirement Program? ☐ Yes ☐ No
2. Have you ever been a member of the Maryland State Retirement and Pension System? ☐ Yes ☐ No
  - 2a. If yes, did you participate as a result of employment with the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16? ☐ Yes ☐ No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? ☐ Yes ☐ No

**NOTES:** Effective July 1, 2017, the election to participate in the Optional Retirement Program (ORP) must be made upon commencement of employment. The one year window to elect to participate in the ORP ended June 30, 2017. If you were ever employed by the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16, and were enrolled as a member of the Maryland State Retirement and Pension System (MSRPS), you may not enroll in the ORP. If you have never been employed by the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16, you may make this election to enroll in the ORP.

**ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' PENSION SYSTEM:**

Whereas, the undersigned, is eligible for membership in the Teachers'/Employees' Pension System, and;  
Whereas, the undersigned, as a condition of employment as faculty or a professional or administrative employee, has the option to join either the Teachers'/Employees' Pension System or an alternate retirement plan, approved by the Board of Trustees of the Maryland State Retirement and Pension System as set forth in Title 30, State Personnel and Pension Article, Annotated Code of Maryland; and  
**Whereas, such option is final, binding and irrevocable as long as the individual is an employee of any institution of higher learning which permits such option, even if there is a break in service for any length of time, and;**

Whereas, the undersigned, is aware of the rights and benefits of a member of the Teachers'/Employees' Pension System, namely:

- |   |   |
|---|---|
| 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service,                              | final compensation for service credit earned on or after July 1, 2011.  |
| 2) Vesting after 10 years of eligibility service,   |   |
| 3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service, | 8) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate, |
| 4) Ordinary disability after five years of eligibility service,   |   |
| 5) Accidental disability immediate upon membership,   | 9) Additional service credit for military service and unused sick leave granted at no cost, and;  |
| 6) Early retirement at age 60 with 15 years of eligibility service,   |   |
| 7) A guaranteed retirement allowance equal to 1.5% of average   |   |

Whereas, the undersigned, waives all rights for purchasing the service rendered while a member of the optional plan.

Now, therefore, being informed of the above on (Date) \_\_\_\_\_, I hereby notify you that I wish to exercise my one-time, irrevocable election not to become a member of the Teachers'/Employees' Pension System on the date of my employment.

Complete signature: \_\_\_\_\_

**SECTION TWO:** To be completed by the Retirement Coordinator of the employing agency.

**NOTE:** If, in section one, the applicant answered "Yes" in to questions #2 and #2a, he or she is not eligible for participation in the ORP. Instead, the applicant must be re-enrolled in the MSRPS using the *Application for Membership* form (Form 1). If, in section one, the applicant answered "Yes" to question #3, he or she is not eligible for participation in either the ORP or the MSRPS.

1. What is the date of hire for the applicant? (Please use MM-DD-YYYY format.) [ ] - [ ] - [ ]
2. What is the applicant's job classification or title? [ ]
3. Is the applicant's position eligible for the ORP? ☐ Yes ☐ No      System code: [ ]      Employing agency code: [ ]

Retirement Coordinator signature: _____	Date: _____	Telephone Number: _____
<b>SECTION THREE:</b> To be completed by the Maryland State Retirement Agency.		
Effective date: [ ] - [ ] - [ ]	<b>N E</b>	<b>3 0</b>
Reviewed by: [ ]	[ ]	Approved by: [ ]
Initials	Date	Initials      Date
		# of pay periods reported per year

## **Election Not to Participate in the MSRPS FORM 60.15**

THIS FORM IS COMPLETED BY ELIGIBLE ELECTED AND APPOINTED OFFICIALS  
ELECTING NOT TO PARTICIPATE IN THE  
MARYLAND STATE RETIREMENT AND PENSION SYSTEM

### **APPLICANT'S SECTION**

- Applicant completes personal data at the top of form.
- Applicant completes election not to participate in boxed area, filling in date and signature.

### **RETIREMENT COORDINATOR'S SECTIONS**

- Provide elected or appointed person's job classification, date of hire and certifies the applicant meets one of the criteria listed.
- Indicate system, location code and number of pay periods reported per year.
- Sign and date form.
- List agency and telephone number.
- Complete, sign and submit Optional Membership Eligibility Questionnaire with appropriate documentation.

Membership is optional for certain officials elected and appointed for a fixed term if they were elected or hired on or after July 1, 2015 as set forth in Section 23-204, State Personnel and Pension Article, Annotated Code of Maryland. These individuals must elect to participate in the Employees' Pension System on or before their effective date of participation. To elect not to participate, the elected or appointed official must complete the following form:

#### **Form 60.15 Election Not to Participate- Fixed Term Elected or Appointed Official**

Their decision is a one-time irrevocable decision. Once an eligible employee elects not to participate, they cannot change their election to enroll in MSRPS.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM BY AN  
ELECTED OR APPOINTED OFFICIAL OR SPECIFIED GOVERNMENTAL EMPLOYEE

FORM 60.15 (REV. 8/15)

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

APPLICANT COMPLETES THIS SECTION: (Print in ink or type.)

SOCIAL SECURITY NUMBER				GENDER		DATE OF BIRTH			HOME PHONE NUMBER							
				-								-				
NAME				M or F		Mo.		Day		Yr.		Last				
First				Initial		Last										
ADDRESS								EMPLOYING AGENCY								

1. Have you ever been a member of the Maryland State Retirement and Pension System? ( )Yes ( )No
2. If Yes, have you withdrawn your accumulated contributions? ( )Yes ( )No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? ( )Yes ( )No

ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM:

Whereas, the undersigned, is eligible for membership in the Employees' Pension System, and,  
Whereas, the undersigned, as a condition of employment as an official, elected or appointed for a fixed term, or specified governmental employee has the option to join the Employees' Pension System as set forth in Section 23-204, State Personnel and Pension Article, Annotated Code of Maryland; and

**Whereas, such option is final, binding and irrevocable as long as the individual is an official, elected or appointed for a fixed term, or specified governmental employee which permits such option, even if there is a break in service for any length of time, and;**  
Whereas, the undersigned, is aware of the rights and benefits of a member of the Employees' Pension System, namely:

- 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service,
- 2) Vesting after 10 years of eligibility service,
- 3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service,
- 4) Ordinary disability after five years of eligibility service,
- 5) Accidental disability immediate upon membership,
- 6) Early retirement at age 60 with 15 years of eligibility service,
- 7) A retirement allowance equal to 1.5% of average final compensation for each year of service credit earned on or after July 1, 2011.
- 8) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate,
- 9) Additional service credit for military service and unused sick leave granted at no cost, and;

Now therefore, being informed of the above on \_\_\_\_\_, I hereby notify you that I wish to

Date

exercise my **one-time, irrevocable election** not to become a member of the Employees' Pension System on

the date of my employment. \_\_\_\_\_

Complete Signature

UPON COMPLETION, RETAIN A PHOTOCOPY OF THIS FORM AND FORWARD THE ORIGINAL TO YOUR RETIREMENT COORDINATOR.

RETIREMENT COORDINATOR COMPLETES THIS SECTION: Applicant's job classification \_\_\_\_\_

I certify that the applicant is:

Applicant's date of hire \_\_\_\_\_

- ☐ an official elected or appointed for a fixed term (must complete and submit page 2 – Optional Membership Eligibility Questionnaire); or
- ☐ an employee of the Governor's Office; or
- ☐ an employee of the Senate or House of Delegates; or
- ☐ a member of Prince George's County Board of License Commissioners; or
- ☐ an employee of Dorchester County who is not a member of the county's general pension and retirement program; or
- ☐ an employee of a participating governmental unit (PGU) who is employed by the PGU before the effective date of participation in the System and remains an employee through the effective date of participation in the System.

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

SYSTEM CODE	EMPLOYING AGENCY	# OF PAY PERIODS REPORTED PER YEAR
Signature		Date
Agency Name/Telephone Number		

EFFECTIVE DATE

										N	E
Reviewed By						Approved By					
Initials						Initials					
Date						Date					

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**OPTIONAL MEMBERSHIP ELIGIBILITY QUESTIONNAIRE**

FOR RETIREMENT  
USE ONLY

(REV. 8/15)

**IMPORTANT:** Print in ink or type.

**Instructions:** Please provide the following information to assist in a determination regarding whether this position satisfies the legal criteria for optional membership as an elected or appointed official.

Agency/Governmental Unit: \_\_\_\_\_

Position Title: \_\_\_\_\_

1. Is the position created by law? Yes \_\_\_\_ No \_\_\_\_  
If yes, provide the citation to the supporting legal authority and attach a copy:
  
2. Is the position elected or appointed for a fixed term? Yes \_\_\_\_ No \_\_\_\_  
Note: If the position *serves at the pleasure* of another elected or appointed official, the answer to this question is "No." If yes, indicate the length of term and provide the citation to the supporting legal authority and attach a copy:
  
3. Does the position call for the exercise, *in its own right*, of some portion of the sovereign power of government?  
Yes \_\_\_\_ No \_\_\_\_ If yes, indicate what power(s) and provide the citation to the supporting legal authority and attach a copy:
  
4. Are the duties of the position continuing in nature and not occasional? Yes \_\_\_\_ No \_\_\_\_  
Describe duties and attach job description:
  
5. Does the position perform an important public duty? (If yes, describe.) Yes \_\_\_\_ No \_\_\_\_
  
6. Is the position one of dignity and importance? (If yes, describe.) Yes \_\_\_\_ No \_\_\_\_
  
7. Does the position require the posting of a bond? Yes \_\_\_\_ No \_\_\_\_  
Amount: \_\_\_\_\_
  
8. Does the position require an oath? Yes \_\_\_\_ No \_\_\_\_  
If yes, provide the citation to the supporting legal authority and attach a copy of oath:

I certify this information to be complete and correct.

Employer's Certification: \_\_\_\_\_  
(Signature) (Date)

Print name and position: \_\_\_\_\_

## **Direct Deposit Electronic Fund Transfer Sign-Up FORM 85**

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The Electronic Fund Transfer Sign-Up Form is mandatory for all retirees.

If it is an undue hardship for the retiree to have his or her check electronically fund transferred (i.e., direct deposited), the retiree must write the Executive Director of the Maryland State Retirement Agency asking for permission to have the check delivered in the mail.

The Direct Deposit-Electronic Fund Transfer Sign-Up Form should be filed with the Application for Service or Disability Retirement (Form 13-23) and the Federal and State Tax Withholding Request Form (Form 766).

This form is also used by retirees to institute a change of bank or financial institution. The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.

### **Retiree or Beneficiary Section I**

- Retiree or Beneficiary completes SECTION I with personal data.
- Retiree or Beneficiary must authorize transfer by filling in date and signature.

International Automated Clearing House Transaction Rules- Electronic payments to retiree designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. If retiree receives monthly retirement benefit via direct deposit at a U.S. bank and then has the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), retiree must check the box labeled **F** on the front side of this form.

### **Financial Institution Section II**

- Financial Institution representative completes SECTION II with account information.
- Financial Institution representative must certify account information by filling in financial institution name, address and date and signature.



MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**DIRECT DEPOSIT — ELECTRONIC FUNDS TRANSFER SIGN-UP FORM**

RETIREMENT USE ONLY Form 85 (REV. 2/18)

If you need assistance in completing this application, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

**SECTION I**  
**To Be Completed by Payee**

**Directions for Payee:**

- 1) Please read the instructions printed on the following page.
- 2) Complete SECTION I.
- 3) Provide this form to your financial institution so that they may complete Section II.

Please advise the State Retirement Agency (SRA) of change of home address to receive important information regarding benefits and taxes.

**A.** Social Security number of payee:    -

**B.** Name of payee

Address (street, route, P.O. Box, APO/FPO)

City  State  ZIP code + 4

Area code  Telephone number

**C.** If you are receiving more than one payment from the SRA please indicate which payment this EFT applies to:

☐ Retiree ☐ Beneficiary ☐ All ☐ Alternate Payee of:

If alternate payee, print/type retiree's name:

**D.** Date that electronic fund transfer should begin:

**E. PAYEE AUTHORIZATION**

By signing my name below, I certify that I am the payee identified above, and hereby authorize SRA to deposit my allowance into my account at my financial institution. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on my behalf, on behalf of my joint account holder, if any, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release by the bank or financial institution of my current address, names and current addresses of all persons listed on the account, including, but not limited to those listed as "payable on death" or "transfer on death" to SRA.

Signature of Payee  Date

**JOINT ACCOUNT HOLDER CERTIFICATION**

By signing my name below, as a party to this account, I understand that I must immediately advise both the SRA and the financial institution of the death of the payee. I am personally liable to the SRA for the full amount of all withdrawn retirement allowance or survivor benefit payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Signature of Joint Holder (if any)  Date

Printed Name

Address (street, route, P.O. Box, APO/FPO)

Address (City, state, ZIP code + 4)

**F.** ☐ Check here only if your entire payment amount is subject to being transferred to a foreign bank account. See the following page for more information.

**SECTION II**  
**To Be Completed by Financial Institution**

**Directions for Financial Institution:**

- 1) Verify information in SECTION I.
- 2) Complete SECTION II.
- 3) Send completed form to:  
Maryland State Retirement Agency  
ATTN: EFT Department  
120 East Baltimore Street  
Baltimore, MD 21202-6700  
or fax to: EFT Department at 410-468-1700

**G.** Routing number           Check digit

**H.** Payee's account number

Important: The payee's name must appear on the account.

**I.** Type of account:

Place "X" in only one box

☐ Checking account

☐ Savings account

SRA use only

22

32

**J. FINANCIAL INSTITUTION CERTIFICATION**

I confirm the identity of the named payee(s) and the joint account holder(s) and certify that the payee's name appears on the account provided in SECTION H. above. I confirm that all joint account holders have been listed in SECTION E. left. As a representative of this financial institution, I certify that the financial institution is an ACH-participating Depository Financial Institution. The financial institution agrees to receive and deposit the payment as identified. The financial institution agrees to abide by the NACHA Operating Rules and Guidelines, including the Rules for reclamation of benefits received after the death of the payee.

Name of financial institution:

Address of financial institution:

Authorized representative's signature:

Print/type representative's name and title:

Area code/telephone:

Date:



**MARYLAND STATE RETIREMENT AGENCY**  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**PLEASE READ THIS CAREFULLY**

**IMPORTANT:** It may take up to 30 days from receipt of a properly completed form and the existence of a retirement/beneficiary/alternative payee account, whichever is later, for the Maryland State Retirement Agency to process the request. To avoid delays in receiving your monthly pension benefit, do not close your old bank account until you have received the direct deposit of your monthly pension benefit into your new bank account listed on this form.

All information on the first page of this form, including the individual Social Security number, is required. The information is confidential and will be used only to process payment data from the Maryland State Retirement Agency to the financial institution and its agent. Failure to provide the requested information may prevent the receipt of payments through the Electronic Funds Transfer Program.

**Special Notice to Joint Account Holders**

Joint account holders should immediately advise both the Maryland State Retirement Agency and the financial institution of the death of the Maryland State Retirement Agency payee. Funds deposited after the date of death are to be returned to the Maryland State Retirement Agency. The Maryland State Retirement Agency will then make a determination regarding survivor rights, and process survivor benefit payments, if any.

**Cancellation**

The agreement presented by this authorization remains in effect until cancelled by the recipient by notice to the Maryland State Retirement Agency. Upon cancellation by the recipient, that recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Maryland State Retirement Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Maryland State Retirement Agency.

**Changing Receiving Financial Institutions**

The payee's Electronic Fund Transfer arrangement will continue until the Maryland State Retirement Agency is notified by the payee that the payee wishes to change the financial institution receiving the Electronic Funds Transfer. To effect this change, the payee will complete a new Form 85. **The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.**

**International Automated Clearing House Transaction Rules**

Electronic payments to your designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control.

If you receive your monthly retirement benefit via direct deposit at a U.S. bank and then you have the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), please check the box labeled **F** on the front side of this form.

sra.maryland.gov

## **LEOPS – Estimate of Service Retirement Allowances FORM 97**

### **APPLICANT COMPLETES FORM**

- Verify that the Social Security number is correct.
- Only one “Effective Date of Retirement” may be entered on this form. If estimates for more than one retirement date are needed, submit a separate form for each effective date of retirement.
- Submit home telephone number.
- Complete only the front page of the form.
- If officer is not married, the optional allowances are available. For the optional allowances, only one beneficiary may be listed on each form. If estimates for more than one beneficiary are needed for Options 2, 3, 5 or 6, submit a separate form for each beneficiary.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.
- Sign and date the form.

### **RETIREMENT COORDINATOR**

Review the checklist containing more detailed retirement information with the member.

The retirement agency does not acknowledge receipt of estimate applications.

Estimates may take up to three months or longer to process.

**LAW ENFORCEMENT OFFICERS' PENSION SYSTEM  
APPLICATION FOR AN ESTIMATE OF SERVICE  
RETIREMENT ALLOWANCE**

FORM 97 (REV. 1/18)

Revised 7/1/2019

# Important Points To Know...

when filing the Law Enforcement Officers' Pension System

## *Application for an Estimate of Service Retirement Allowance (Form 97)*

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Please review the following information in regards to requesting a retirement allowance estimate. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

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- ☐ Completion of a request for an estimate (Form 97) does not obligate you to retire on the date entered on the form.
- ☐ The estimate of the options selected on the form does not include any unused sick leave days you may have at the time of retirement. At retirement, your employer will certify any unused sick leave days to the Retirement Agency but you must retire within 30 days of separating from employment in order to be credited with these days. These days are then converted into months and increase the monthly benefit you will actually receive.
- ☐ Estimates do not include deductions for taxes, health insurance, etc. They are estimated gross monthly amounts.
- ☐ You must claim any military service you have prior to your retirement. Military service claimed prior to submission of the estimate form (Form 97) will reflect that military credit in the monthly benefits shown on the estimate.
- ☐ Active members only: Submit the *Request to Purchase Previous Service* (Form 26) if you want to purchase any eligible service that is not in your account. A purchase request must be submitted to SRA prior to retiring. You may request the cost to purchase eligible service when you are within 12 months of retiring. If you are submitting a purchase request, you should submit the estimate form (Form 97) and check the bottom of the form in order to receive an estimate based on your service with and without the purchase.
- ☐ Estimates will only be done if the retirement date that you entered on the form is within one year of the date when the form was completed. You must also be eligible to retire on the date that you selected.
- ☐ By law, LEOPS members who are married on the date of retirement receive the Basic Allowance. If you are married, you may only choose the Basic Allowance for your benefit payment.
- ☐ Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important. Your option selection may affect your beneficiary's eligibility for continued health insurance.

*Continued on following page.*

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Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

[sra.maryland.gov](http://sra.maryland.gov)

Page 2 of 3



## Important Points to Know when filing the Law Enforcement Officers' Pension System *Application for an Estimate of Service Retirement Allowance* (Form 97)

*Continued from previous page.*

- ☐ If you are not married, you may select as many options as possible. It is better to make your decision on which payment option to choose at retirement based on viewing as many options as possible. Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important.
- ☐ Provide a beneficiary's name, relationship to you, date of birth, and gender if Options 2, 3, 5, or 6 (Dual Life Annuities) are selected. If you choose Option 2 or Option 5, the beneficiary may not be more than ten years younger than you unless the beneficiary is your disabled child. You may still provide a monthly benefit to a beneficiary more than ten years younger who is not your disabled child under Option 3 or Option 6.
- ☐ Review your Benefits Handbook which may be found on the Maryland State Retirement Agency Website at [sra.maryland.gov](http://sra.maryland.gov) for an explanation regarding each payment option. Click on Member and then Benefits Handbooks to access your plan's handbook.

You also may speak with a retirement benefits specialist to discuss the options. Talk to a specialist or make an appointment by calling 410-625-5555 or toll-free 1-800-492-5909.

- ☐ Due to the volume of requests, the Retirement Agency does not acknowledge receipt of estimate requests. Please allow at least eight weeks for processing.
- ☐ Return this form to the address below or FAX to 410-468-1707.
- ☐ When you are ready to start receiving your retirement benefit, please contact your retirement coordinator, a retirement benefits specialist or visit the Retirement Agency Website to receive the necessary forms.

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Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

[sra.maryland.gov](http://sra.maryland.gov)

Page 3 of 3

Name of Member \_\_\_\_\_

Date \_\_\_\_\_

### **CHECKLIST FOR FORM 97**

(LEOPS - Application for an Estimate of Service Retirement Allowance)

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**Retirement Coordinator:** Please review the following checklist in order to assist members in completion of the Form 97.

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- ☐ **TIME FRAME:** Recommend that a request for an estimate be done by members who are within 12 months of retiring.

**UNUSED SICK LEAVE:** The estimated monthly benefits provided by the Maryland State Retirement Agency will not include any unused sick leave credit the member may receive at retirement. At retirement, the unused sick leave days are reported and will be counted if the member retires and submits retirement paperwork within 30 days of separating from employment.

- ☐ Instruct member to provide Social Security number, name, address and daytime telephone number.

- ☐ **DATE OF RETIREMENT (MM DD YYYY)** must be within one year of the date the member is completing the application.

To receive an estimate, the member must be eligible to retire on the effective date of retirement entered on the form.

If an estimate is desired for more than one retirement date, submit two separate forms.

Checking various option payments will provide the member with more monetary information which will assist the member in making a sound financial decision in choosing a payment option.

- ☐ Advise the member who selected Option 2, 3, 5, or 6 of the following:

Member must enter beneficiary information on one person in order to receive estimated benefits under Options 2, 3, 5, or 6.

Member must provide relationship of beneficiary to the member, name of the beneficiary, beneficiary's birth date and gender.

**IMPORTANT: If Option 2 or Option 5 is selected, the beneficiary listed on the form may not be more than 10 years younger than the member unless the beneficiary is the member's disabled child.**

**RETIREMENT ALLOWANCE:** If married, the member must select the Basic Allowance and name the spouse as beneficiary.

If not married, recommend the member check off as many option selections as possible.

## CHECKLIST FOR FORM 97

(LEOPS - Application for an Estimate of Service Retirement Allowance)

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Continued from previous page.

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- ☐ PURCHASE SERVICE CREDIT: Submit the *Request to Purchase Previous Service* (Form 26) with the Form 97 if the member wants to purchase eligible service for previous time worked and desires knowing how the purchase will affect the retirement benefit. A request to purchase service credit must be made prior to retirement and in the 12 months before the member retires.

Send the *Request to Purchase Previous Service* (Form 26) to the employer where the service was worked for verification. Form 26 is then sent to MSRA for determination of a cost.

- ☐ Instruct the member to sign and date the form and mail it to the address shown at the top of the form.
- ☐ Once the member has received the estimate, any questions on the options should be directed to a retirement benefits specialist.

A member may make an appointment to see a MSRA retirement benefits specialist to answer questions, or may call and speak with a retirement benefits specialist, or may submit his/her questions in writing or by email to be answered by a retirement benefits specialist.

To make appointments or speak with a MSRA retirement benefits specialist, call (410) 625-5555 or 1-800-492-5909.

Member may direct questions by email to [sra@sra.state.md.us](mailto:sra@sra.state.md.us). A member may also mail any questions to the following address:

**Maryland State Retirement Agency**  
**120 East Baltimore Street**  
**Baltimore, MD 21202**

- ☐ Recommend for any member thinking of retiring the following:

MILITARY CREDIT: Instruct the member to claim any military service prior to retiring by completing *Claim of Retirement Credit for Military Service* (Form 43). A request to claim military service must be made prior to retirement.

Encourage the member to attend the state-sponsored pre-retirement seminar, usually held in the Spring. Any member who is within eight years of retirement may attend these sessions. Registration for pre-retirement seminars may be provided by the retirement coordinator, by contacting the Maryland State Retirement Agency at the numbers indicated on this form or by downloading the registration form from the web site at [sra.maryland.gov](http://sra.maryland.gov)

Encourage the member to view retirement videos on website [www.sra.maryland.gov](http://www.sra.maryland.gov)

Recommend any questions regarding retirement issues, benefits, or policy be directed to a MSRA retirement benefits specialist.

Remind member to contact the retirement coordinator within six to eight weeks prior to retiring to receive the retirement application forms to retire.



## LEOPS - Application for Service or Disability Retirement FORM 98-101

### APPLICANT'S SECTION PAGE 1

- Read page 1 instructions fully before completing.
- Also complete and submit: *Direct Deposit Electronic Fund Transfer Sign-Up* (Form 85 and the *Federal and State Tax Withholding Request* (Form 766).

**DISABILITY RETIREMENT:** Must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

### APPLICANT'S SECTION

- Complete Social Security number, name, address, daytime telephone. If married, marriage date and State/jurisdiction must be completed.
- Indicate retirement type: (only one) service retirement, ordinary disability or special disability retirement.
- Retirement date must be completed. Disability only: If blank, retirement agency will provide earliest retirement date (i.e. off payroll, claim date or end of LOA).
- Applicant selects only one option. The choice is indicated by applicant's signature and date.
- Basic Allowance: If married, must choose Basic Allowance with Spouse as beneficiary. (proof of birth must be attached for spouse and/or children)
- If Options 2, 3, 5 or 6 are chosen, proof of birth must be attached for the beneficiary.
- If a date other than the first of the month is selected as the retirement date, payment becomes effective the first of the following month.
- Answer all questions asked. Refer to page 1 before answering the questions on Voluntary Monies.
- If one beneficiary is named, fill in complete address, Social Security number and date of birth.
- Form must be signed and dated by applicant in the presence of a notary public.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child (Complete Verification of Retiree's Disabled Child FORM 143)
- The same proof of birth that is accepted for Form 1 can be used to verify the birth date of a beneficiary. See Form 1 for a list of acceptable documents for verification of birth date.

### RETIREMENT COORDINATOR'S SECTION

- Complete "most recent payroll period reported" section, noting the effective date of the last payroll period reported to the MSRA.
- Complete the payroll information projected to the date of retirement for the applicant. Enter the payroll period contribution amount, standard hours, actual hours paid and the payroll ending date.
- If the applicant will have a new annual salary in any of the projected payroll periods prior to retirement, enter the salary and effective date.
- Section E: Unused Sick Leave –Prior to retirement certify total days of unused sick leave on the last day worked and recertify unused leave 30 days after effective date regardless of whether there are any changes.
- Include member's social security number on the back of form.
- If the applicant is going into DROP, submit Form 756 and a binding letter of resignation with this application form.
- Review the checklist containing more detailed retirement information.

**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**APPLICATION FOR SERVICE OR DISABILITY RETIREMENT  
LAW ENFORCEMENT OFFICERS**

**IMPORTANT:** If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120<sup>th</sup> day after the approval.

RETIREMENT  
USE ONLY

FORM 98-101 (REV. 10/18)

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

**IMPORTANT:** Read the following instructions and information carefully before filling out this form.

1. If you are married at time of retirement, you must choose the Basic Allowance.
2. After you have completed this form, you should also complete Forms 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen the Basic Allowance or payment option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof. For information on acceptable proofs of birth date, call a Retirement Benefits Specialist at the number shown below.
4. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 (Verification of Retiree's Disabled Child for Selection of Option 2/5 Beneficiary) with this application.
5. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the ADesignation of Beneficiary@ section on page 2. Instead, fill out and attach Form 4 (Designation of Beneficiary Form).
7. If you are eligible to participate in the State Employees Health Insurance Program, The Basic Allowance or Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents, after your death. Contact your employing agency for details.
8. You may change your retirement allowance selection only by filing a change with the State Retirement Agency before your first payment is due. In most cases, the first payment is due 30 days after the effective date of your retirement. You cannot change your selection after this due date.
9. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
10. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a Retirement Benefits Specialist.
11. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
12. Generally speaking, no member may receive more than one type of retirement benefit.
13. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach a completed *Application for Withdrawal of Voluntary Funds Package* to this application. This package may be obtained by calling a Retirement Benefits Specialist at the number shown below.

**NEED HELP?:** If you need help to complete this form, or any information on your retirement benefits or retirement process, call a Retirement Benefits Specialist at 410-625-5555 or toll-free 1-800-492-5909.

## **Reemployment After Retirement for Retirees of the Law Enforcement Officers' Pension System**

VIDEO: For an overview of this information, go to [sra.maryland.gov](http://sra.maryland.gov), select YouTube or Vimeo and watch "Reemployment After Retirement."

Keep a copy of this information on file as a handy reference for the future. You should also keep your Notice of Retirement Allowance that the Retirement Agency will send to you as a new retiree. The Notice of Retirement Allowance includes information such as the amount of your monthly retirement allowance, the beneficiary you designated and your earnings limitation. To determine what, if any, earnings limitation applies and the effect, if any, on your retirement allowance, you need your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and your earnings limitation. Then apply the reemployment rules. Reemployment earnings are the annual reemployment compensation reported to the IRS that the retiree received during a calendar year. Note the reemployment rules do not apply while a retiree is participating in the Deferred Retirement Option Program (DROP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the State Retirement and Pension System (SRPS) you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

### **INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT**

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the more differences between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an "independent contractor" may not meet the IRS' standard.

### **MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT**

There must be a minimum of 45 DAYS between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

### **SERVICE RETIREMENT**

There is no earnings limit regardless of your employer. Your monthly benefit allowance will not be reduced by any earnings made after you have retired. If you are reemployed by a participating employer, you will not rejoin the system and you will not earn service credit from your new employment.

### **(FOR DISABILITY RETIREMENT RULES, PLEASE SEE FOLLOWING PAGE)**

I acknowledge that I have received this information about my obligation with regard to reemployment and I agree to notify the Board of Trustees of my anticipated earnings should I return to work. I also understand that should I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until such time that any resulting overpayment of benefits is recovered. I understand that I must be separated from any and all employment, including substitute, seasonal, temporary, contractual, and/or permanent employment, with any employer that participates in the SRPS at the date of my retirement. By signing this form, I am certifying to the Maryland State Retirement Agency that at the date of my retirement, I will not be employed in any capacity by any employer that participates in the SRPS and that no discussions or offers of reemployment after my retirement have occurred between me and any employer that participates in the SRPS.

**DISABILITY RETIREMENT**  
(continued from previous page)

**Suspension of Disability Retirement:** An ordinary or accidental disability allowance shall be temporarily suspended if the retiree:

- Is not eligible for normal service retirement, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that is at least equal to the retiree's average final compensation at retirement.

There is no additional benefit accrued while employed. If suspended, the retiree's allowance will be reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. The retiree's allowance at time of reinstatement will be adjusted to reflect the accumulated cost-of-living adjustments during suspension. Please note that the temporary suspension of a disability benefit causes the temporary suspension of retiree health insurance coverage if a deduction was being made from your monthly benefit for this coverage.

**Earnings Limitation for Ordinary Disability Retirees Only:** A retiree receiving an ordinary disability allowance shall be subject to an earnings limitation if the retiree:

- Is under normal retirement age, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that exceeds the retiree's earnings limitation.

The reduction will be \$1 for every \$2 earned in excess of the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1 for every \$5 over the limit.

**An earnings limitation does not apply for Accidental Disability Retirees.**

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.



**PARTICIPATING EMPLOYERS \***  
**Maryland State Retirement and Pension System**

**State of Maryland**  
**University System of Maryland**  
**Baltimore City and All County Boards of Education (Teachers' System)**  
**Community Colleges and All Public Libraries (Teachers' System)**

**Participating Governmental Units in the Employees' System as of July 1, 2017**

Allegany College of Maryland	Federalsburg, Town of	Prince George's Community College
Allegany County Board of Education	Frederick County Board of Education	Prince George's County Board of Education
Allegany County Commission	Frostburg, City of	
Allegany County Housing Authority	Fruitland, City of	Prince George's County Crossing Guards
Allegany County Library	Garrett County Board of Education	Prince George's County Government
Allegany County Transit Authority	Garrett County Community Action Committee	Prince George's County Memorial Library
Annapolis, City of	Greenbelt, City of	Princess Anne, Town of
Anne Arundel County Board of Education	Greensboro, Town of	Queen Anne's County Board of Education
Anne Arundel County Community College	Hagerstown, City of	Queen Anne's County Commission
Berlin, Town of	Hagerstown Community College	Queenstown, Town of
Berwyn Heights, Town of	Hampstead, Town of	Ridgely, Town of
Bladensburg, Town of	Hancock, Town of	Rock Hall, Town of
Bowie, City of - Police Dept. (LEOPS)	Harford Community College	St. Mary's County Board of Education
Brunswick, City of	Harford County Board of Education	St. Mary's County Commission
Calvert County Board of Education	Harford County Government	St. Mary's County, Housing Authority
Cambridge, City of	Harford County Library	St. Mary's County Metropolitan Commission
Caroline County Board of Education	Housing Authority of Cambridge	St. Michaels, Commissioners of
Caroline County Sheriff Deputies	Howard Community College	Salisbury, City of
Carroll County Board of Education	Howard County Board of Education	Shore Up!
Carroll County Public Library	Howard County Community Action Committee	Snow Hill, Town of
Carroll Soil Conservation District	Hurlock, Town of	Somerset County Board of Education
Catoctin & Frederick Soil Conservation District	Hyattsville, City of	Somerset County Commission
Cecil County Board of Education	Kent County Board of Education	Somerset County Economic Development Commission
Cecil County Government	Kent County Commissioners	Somerset County Sanitary District, Inc.
Cecil County Library	Kent Soil and Water Conservation District	Southern Maryland Tri-County Community Action Committee
Centreville, Town of	Landover Hills, Town of	Sykesville, Town of
Chesapeake Bay Commission	La Plata, Town of	Takoma Park, City of
Chestertown, Town of	Lower Shore Private Industry Council	Talbot County Board of Education
Cheverly, Town of	Manchester, Town of	Talbot County Council
College of Southern Maryland	Maryland Health & Higher Education Facilities Authority	Taneytown, City of
College Park, City of	Middletown, Town of	Thurmont, Town of
Crisfield, City of	Montgomery College	Tri-County Council of Western Maryland
Crisfield Housing Authority	Morningside, Town of	Tri-County Council for the Lower Eastern Shore
Cumberland, City of	Mount Airy, Town of	University Park, Town of
Cumberland, City of - Police Department	Mount Rainier, City of	Upper Marlboro, Town of
Denton, Town of	New Carrollton, City of	Walkersville, Town of
District Heights, City of	North Beach, Town of	Washington County Board of Education
Dorchester County Board of Education	Northeast Maryland Waste Disposal Authority	Washington County Board of License Commission
Dorchester County Commission	Oakland, Town of	Washington County Library
Dorchester County Roads Board	Oxford, Town of	Westminster, City of
Dorchester County Sanitary Commission	Pocomoke, City of	Worcester County Board of Education
Eastern Shore Regional Library	Preston, Town of	Worcester County Commission
Edmonston, Town of		Wor-Wic Community College
Emmitsburg, City of		

\*NOTE: The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

# APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

**APPLICANT'S SOCIAL SECURITY NUMBER** \_\_\_\_\_ **APPLYING FOR:** Check only one box  
☐ Service Retirement ☐ Ordinary Disability Retirement ☐ Accidental Disability Retirement

**APPLICANT'S NAME** \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_  
**HOME ADDRESS** \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Home telephone \_\_\_\_\_ - \_\_\_\_\_ Home email address: \_\_\_\_\_

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released. ☐ Yes ☐ No

Have you applied to purchase all additional credit for which you are eligible and intend to purchase? ☐ Yes ☐ No

Have you applied for credit for your active duty military service? ☐ Yes ☐ No

**I request that my retirement allowance be effective on** \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you a U.S. citizen? ☐ Yes ☐ No

I have Voluntary Monies: (see instructions on page one)  
☐ I want my voluntary funds refunded in a one-time distribution.  
 OR  
☐ I want my voluntary funds to remain as a monthly additional annuity.

## DESIGNATION OF BENEFICIARY:

NOTE: If more than one beneficiary will be designated by members without a spouse or children under age 28 who select either the basic allowance, the option 1 allowance, or the option 4 allowance, complete the "Designation of Beneficiary" Form 4 instead of the following section. Retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child. ☐ Check here to indicate that Form 4 is attached.

**BENEFICIARY'S SOCIAL SECURITY NUMBER** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **Gender** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
 (M or F) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**BENEFICIARY'S NAME** \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_  
**BENEFICIARY'S ADDRESS** \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

- REGARDING PAYMENT OF MY RETIREMENT BENEFIT.** I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
- REGARDING EACH OF MY BENEFICIARIES.** I want the designation of beneficiary in this application to take effect (check only one box):  
☐ Immediately ☐ Only upon the effective date of my retirement  
 I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.
- REGARDING REEMPLOYMENT.** I have read the information about reemployment after retirement on pages six through eight of this application and understand my obligations with regard to reemployment. I agree to notify the Board of my anticipated earnings if I return to work. I understand that if I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until any resulting overpayment of benefits is recovered. I understand that I must be separated from any and all employment, including substitute, seasonal, temporary, contractual, and/or permanent employment, with any employer that participates in the SRPS at the date of my retirement. I also certify to the Board that at the date of my retirement, I will not be employed in any capacity by any employer that participates in the SRPS and that no discussions or offers of reemployment after my retirement have occurred between me and any employer that participates in the SRPS.
- REGARDING DEDUCTIONS FROM MY ALLOWANCE.** If I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

**Complete Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
 This form must be signed and notarized in order to be valid.

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)  
 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned  
 officer, personally appeared \_\_\_\_\_, known to me  
 NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*  
 (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.  
 Signature of Notary Public \_\_\_\_\_  
 Printed Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.**

**RETIREMENT ALLOWANCE OPTIONS**  
**YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.**  
**INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW**

**BLOCK 1 - BASIC ALLOWANCE**

The **BASIC ALLOWANCE** provides the largest allowance each month until your death. At your death, one-half of the monthly allowance will be paid to your surviving spouse for life. If there is no eligible surviving spouse or if an eligible surviving spouse dies, then one-half of the monthly allowance will be paid in equal shares to your children who are under age 26 until every child dies or attains age 26. If you have no spouse or no children under age 26, the allowance ceases at your death and your beneficiary or estate will receive one payment if your death occurs on the 16<sup>th</sup> of the month or later. If you die **before** the effective date of retirement, your selection shall be void and benefits due to the death of a member in service will be paid. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BLOCK 2 - OPTIONAL ALLOWANCES**

The following optional allowances are only available to members without a spouse as of the date of retirement. Sign the appropriate section in this block to indicate the selected option. Optional allowances are effective on the effective date of retirement. If you die **before** the effective date, the selected option shall be void and the benefits due to death of a member in service will be paid. The selected option cannot be changed after the first payment normally becomes due.

**OPTION 1:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued health coverage after your death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 2:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 3:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 4:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued health coverage after your death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 5:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will **Apop-up®** to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPTION 6:**

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will **Apop-up®** to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

To be completed by employer and returned with application

## Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: \_\_\_\_\_  
Applicant's Name Job Classification

Applicant's Social Security number: \_\_\_\_\_

A. The most recent payroll period reported was: \_\_\_\_\_  
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$ _____	Standard hours _____	Actual Hours Paid _____	Pay Period Ending _____
			MO DAY YR
Contribution \$ _____	Standard hours _____	Actual Hours Paid _____	Pay Period Ending _____
			MO DAY YR
Contribution \$ _____	Standard hours _____	Actual Hours Paid _____	Pay Period Ending _____
			MO DAY YR
<b>Final</b> <b>Contribution</b> \$ _____	Standard hours _____	Actual Hours Paid _____	Pay Period Ending _____
			MO DAY YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: \_\_\_\_\_.

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same participating employer.

D. **Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?..... ☐ YES ☐ NO

If yes, the employee's new annual salary is \$ \_\_\_\_\_ and is effective \_\_\_\_\_  
MO DAY YR

E. **Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

<b>Initial Reporting:</b>	Total DAYS of unused sick leave (If none, enter word NONE) _____ as of _____ MO DAY YR
<b>Recertified Sick Leave:</b>	Total DAYS of unused sick leave (If no change, enter no change) _____ as of _____ MO DAY YR Retirement Coordinator recertifying leave must initial here: _____ Date: _____

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

Signature of Authorized Agent

Printed Name of Authorized Agent

Title of Authorized Agent

Date

Full Name of Employer

**DIRECT** Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700

Name of Retiree \_\_\_\_\_

Date \_\_\_\_\_

## CHECKLIST FOR FORM 98-101

(LEOPS - Application for Service or Disability Retirement)

**Retirement Coordinator:** Please review the following checklist before submitting the Form 98-101 to the Maryland State Retirement Agency. All items should be checked off prior to mailing to ensure that the correct procedure has been followed. (Page 1 of 4)

**ESTIMATES:** A member is encouraged to have requested an estimate of his/her retirement benefits before completing this form. To receive an estimate, Form 97 must be completed and sent to the Agency within the 12 months prior to retiring.

**DISABILITY RETIREMENT:** Retirees are not eligible to file a disability claim.

A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim.

Form 98-101 must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

Approximately two months before retiring, give the member a copy of the *Application for Service or Disability Retirement* (Form 98-101) for completion. Tell the member that this form must be returned to coordinator for mailing to the Maryland State Retirement Agency (MSRA). Only the employer may submit this form.

- ☐ Encourage the member to file to purchase any eligible service and to claim any military service not in his/her account. The form

must be at the MSRA prior to retirement in order for the member to be eligible to purchase or claim any additional service credit.

- ☐ If the member is eligible for the Deferred Retirement Option Program (DROP) and wants to participate, complete an *Application for the Deferred Retirement Option Program* (Form 504), a binding letter of resignation and an *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) along with Form 98-101.
- ☐ Encourage the member to read carefully the front page of the form before attempting to complete the form. Any questions on the form should be directed to a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

**STATE HEALTH INSURANCE:** For state employees, it is important that the member understand that if they are eligible to participate in the State Employees Health Insurance Program, only an option providing a monthly benefit to an eligible surviving spouse or dependent children will continue their health insurance after the death of the retiree. The member must choose one of these options and name the eligible surviving dependent as the beneficiary.

- ☐ **UNUSED SICK LEAVE:** Remind the member that he or she must retire within 30 days of separation from employment in order to have any unused sick leave credited towards the retirement benefit.

**CHECKLIST FOR FORM 98-101**  
(LEOPS - Application for Service or Disability Retirement)

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Continued from previous page (2 of 4).

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- ☐ **RETIREMENT DATE:** Check to be sure that a retirement date was chosen.

The member must choose a date to retire when he/she is off payroll. If the member is having hours reported to the Agency, he/she may not retire on that date.

Payment is made at the end of the month if the member chooses the first of that month for a retirement date. If a member chooses a date other than the first of the month, the payment will begin the end of the next month and will only be one month's benefit.

- ☐ **VOLUNTARY MONEY:** If the member has voluntary money, be sure the member answered the question regarding distribution of voluntary money.

To verify if the member has any voluntary money, refer to the member's latest Personal Statement of Benefits or most recent estimate.

Additional forms will need to be completed to determine how the voluntary money is paid. Contact a retirement benefits specialist for the necessary forms or request the form packet through our web site at [sra.maryland.gov](http://sra.maryland.gov) Click on Participant, Member, Forms and Downloads and Order forms. The forms for voluntary money are listed under Withdrawal of Voluntary Funds.

- ☐ **BENEFICIARY:** Verify that the member named a beneficiary.

Prior designations of beneficiaries do not carry forward from a member account to a retirement benefit. Retiring members must designate beneficiary(ies) on the retirement application, or by submitting a new

Beneficiary Form with their retirement application if they are designating more than one beneficiary.

If the member is married, by law the member must select the Basic Allowance and name the spouse as beneficiary.

If only one beneficiary is being named, enter the beneficiary information on Form 98-101. If Options 2, 3, 5, or 6 are chosen, only one primary beneficiary may be named. No contingent beneficiary (ies) may be named.

If Option 2 or Option 5 is selected, check to be sure the member's beneficiary is not more than 10 years younger than the member unless the beneficiary is the member's disabled child.

If the beneficiary under Option 2 or Option 5 is the member's disabled child, complete *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and send it with Form 98-101.

Basic Allowance, Options 1, or 4 allow for multiply beneficiaries. If these options are chosen and multiple beneficiaries desired, check the box on Form 98-101 indicating Form 4 is attached and then submit the Form 4 with the list of beneficiaries.

Be sure the beneficiary's relationship to the member, gender and date of birth (MM DD YYYY) are completed on the form. The address of the beneficiary must be supplied.

Option Waiver (Form 703): Retiree can change their allowance option selection only by filing an Option Waiver (Form 703) before first payment is paid.

## CHECKLIST FOR FORM 98-101

(LEOPS - Application for Service or Disability Retirement)

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Continued from previous page (3 of 4).

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- ☐ SIGNATURE/NOTARY: Check to see if member has signed the bottom of page 2 and the signature was notarized.

Check that the member's signature date and the date of the notary are the same.

Check that the notary's commission date has not expired.

- ☐ ALLOWANCE OPTION: Verify that the member signed and dated next to the payment option selected.

If Options 2, 3, 5, or 6 are chosen, member must submit proof of birth for the beneficiary (See Section III Form 1 of this guide for a list of valid proofs of birth for the beneficiary).

**EMPLOYER SECTION:** Complete the back of Form 98-101. This may only be completed by the **Employer**.

- ☐ Enter the member's name and job title on the back.
- ☐ SECTION A: Enter the date (MM DD YYYY) of the most recent payroll period reported.
- ☐ SECTION B: Complete if member is continuing employment after the most recent payroll period reported, complete B section. If not, leave this section blank.

NOTE: If the last payroll period ends on or after the retirement date, no retirement contribution is owed by the member. Please do not submit a contribution for this payroll period, if possible.

- ☐ SECTION C: Enter the member's last day on payroll.

**REEMPLOYMENT IMPORTANT: No offers of reemployment should be made or discussed by the employer at the time of retirement.**

Make the member aware that he/she must wait at least 45 days (except for DROP participants) before being rehired by the any MSRPS employer.

Being rehired by the same employer may cause the retiree to be subject to the rules of reemployment. There are other rules regarding reemployment that the retiree should be made aware. Encourage retiree to contact MSRA before being rehired if they have any reemployment questions.

- ☐ SECTION D: enter the employee's annual salary if it will differ from the annual salary reported on the most recent payroll period.

If no salary change will occur for the employee, check NO.

## CHECKLIST FOR FORM 98-101

(LEOPS - Application for Service or Disability Retirement)

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Continued from previous page (4 of 4).

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☐ SECTION E: Unused Sick Leave

**IMPORTANT: A member must retire within 30 days of separation from employment in order to have any unused sick leave days credited towards the retirement benefit.**

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have on their retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: 2500 hours ÷ 8 hours = 312.5 days is reported as 312 days.

Retain a copy of the retirement application.

- ☐ If the member is participating in DROP, report the number of unused sick leave days as instructed by the member.

- ☐ Sign and date the back of the form.

Print clearly the name of the authorized agent.

Be sure that the daytime telephone number of the authorized agent is the person's direct line and not a general number or call center. This is important in case the Agency needs to contact the authorized agent for any last minute adjustments to the form.

- ☐ Mail the Form 98-101 directly to the Maryland State Retirement Agency at the address shown on the form.

- ☐ Keep a copy of the back of the Form 98-101.

After the retirement date: Coordinator must recertify unused leave 30 days after effective date regardless of whether there are any changes.

Steps to reporting changes:

1. Cross out the incorrect number of unused sick leave days on previously copied form;
2. Write in the corrected number of days on the previously copied form;
3. Resign and date the corrected form;
4. Write the member's Social Security number near his or her name at the top of the back page; and
5. Send the revised, signed form to MSRA within three weeks of the member's retirement date.

Submit sick leave recertification to the attention of:

**Sick leave Recertification**

Fax (410) 468-1713

**OTHER RETIREMENT FORMS:**

Send with Form 98-101 or if the member is participating in DROP, these forms are completed after DROP ends.

- Electronic Fund Transfer Sign-Up form (Form 85),
- Federal and Maryland State Tax Withholding Form (Form 766),
- If applicable, retiree health insurance form

## **LEOPS - Application for Disability Estimate FORM 100**

### **APPLICANT'S SECTION**

- Complete only the front page of this form.
- Verify that the Social Security number is correct.
- Effective date of retirement can be left blank.  
Retirement agency personnel will determine the earliest effective date upon approval of disability benefit.
- If the beneficiary name and age have been left blank, no estimates can be provided for Options 2, 3, 5 and 6.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.
- File Form 100 along with the Statement of Disability (Form 20).



**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**LAW ENFORCEMENT OFFICERS' PENSION SYSTEM: APPLICATION FOR AN  
ESTIMATE OF DISABILITY RETIREMENT ALLOWANCES**

**IMPORTANT: To be completed by member:** Print in ink or type. If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

RETIREMENT  
USE ONLY FORM 100 (REV. 1/18)

**To be completed by the member\*:** At actual retirement, if your effective date is other than the first of a month, your monthly retirement benefit will not commence until the first of the month following your selected retirement date. Benefits are paid at the end of each month for the month just ended.

\* Application by Surviving Beneficiary: Your surviving beneficiary may be eligible to apply for a benefit if you die within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form within 30 days of your death. In this situation, your beneficiary should contact the Maryland State Retirement agency for filing instructions.

**TYPE OF DISABILITY: (PLEASE CHECK):** ☐ **ORDINARY** ☐ **ACCIDENTAL**

**SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**EFFECTIVE DATE OF RETIREMENT**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DAYTIME TELEPHONE NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**NAME**

\_\_\_\_

**FIRST**

**INITIAL**

**LAST**

**ADDRESS**

\_\_\_\_

**NUMBER AND STREET**

\_\_\_\_

**CITY**

\_\_\_\_

**STATE**

**ZIP CODE**

**EMAIL ADDRESS:**

\_\_\_\_

**RETIREMENT ALLOWANCES:** If you are married at the time of retirement, you will receive an estimate for the Basic Allowance only. If you are unmarried and name a beneficiary, you will receive an estimate for the Basic Allowance and all option allowances (1-6). If no beneficiary is named, you will receive an estimate for the Basic Allowance and Options 1 and 4 only. Remember, once your first retirement check is paid, you may not change your allowance option.

**IF OPTION 2, 3, 5 or 6 IS REQUESTED INDICATE:**

Relationship (check): ☐ Spouse ☐ Disabled child ☐ Other

Beneficiary's  
Date of Birth

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Beneficiary's  
Gender

**BENEFICIARY'S NAME**

\_\_\_\_

**FIRST**

**INITIAL**

**LAST**

If electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child.

**BASIC:** Provides the largest monthly allowance each month until your death. At the retiree's death, one half of the monthly allowance will be paid to the surviving spouse for life or until such surviving spouse dies. If there is no eligible surviving spouse then one half of the monthly allowance will be paid in equal shares to the children of the deceased retiree who are under age 26 until each child dies or attains age 26. If the retiree has no spouse or no children under age 26, the allowance ceases at the retiree's death.

**THE FOLLOWING OPTIONAL ALLOWANCES ARE AVAILABLE ONLY TO MEMBERS WITHOUT SPOUSES.**

**OPTION 1:** Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

**OPTION 2:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

**OPTION 3:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

**OPTION 4:** Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

**OPTION 5:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

**OPTION 6:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

Do you wish to purchase any previous service for which you are eligible? ☐ YES ☐ NO

If yes, obtain a request to purchase previous service from your retirement coordinator and attach a copy with this application.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Preliminary Application for Disability Retirement FORM 129

Protects the benefit payable to the beneficiary. Payment selection becomes effective if the applicant is approved for a disability retirement and dies before submitting the Application for Service or Disability Retirement (Form 13-23).

### APPLICANT'S SECTION

- Applicant filing for ordinary or accidental disability must complete this form.
  - Must be submitted with the Statement of Disability Form (Form 20).
  - Applicant chooses either Option 2 or Option 1 as a payment selection. If Option 2 selected, applicant must supply beneficiary information on the form for one beneficiary only. If naming spouse, marriage date and State/jurisdiction must be completed.
  - Form must be signed and dated by applicant in the presence of notary public.
- Notary Reminders: The date the form was notarized must be the same date the form was signed by the member or retiree. The document is not legally binding if the notary did not actually witness the signature; or if there are any cross-outs or changes.
- Active death benefit will be paid if member is on payroll the date they die.

Do **not** write in any other option.

### RETIREMENT COORDINATOR

- Be sure applicant has selected an Option. If Option 2 is selected, be sure the beneficiary information has been provided.
- Sign and date form.
- List agency name.
- Return original copy to the Maryland State Retirement Agency.

### EMPLOYER

If the member is *unable* to apply, the Employees' System member's department head; the Teachers' System member's state or county superintendent of schools; with the consent of the member's State or county superintendent, their principal or supervisor may sign the Statement of Disability (Form-20), the Preliminary Application for Disability Retirement (Form-129), and the final retirement application (Form-13-23), selecting a retirement date and option on the member's behalf.

**Application by Surviving Beneficiary:** Surviving beneficiary may be eligible to apply for a benefit if member dies within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form and affidavit of signature within 30 days of member's death. Beneficiary should contact the MSRA for filing instructions.

**Power of Attorney:** Must attach an original copy

## PRELIMINARY APPLICATION FOR DISABILITY RETIREMENT

FORM 129 (REV. 2/13)

Retirement Coordinator Printed Name: \_\_\_\_\_ Agency \_\_\_\_\_

## **Verification of Retiree's Disabled Child FORM 143**

### **Option 2/5 Beneficiary**

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Maryland law (§21-402) restricts who can be designated as a beneficiary under payment options 2 & 5. Retirees who select payment option 2 or 5 cannot name a beneficiary who is ten (10) or more years younger than the retiree unless that beneficiary is the retiree's spouse or disabled child.

Child must be disabled as certified by a physician to be named as the retiree's beneficiary under payment option 2 or 5.

#### **APPLICANT**

- Complete member and option selection information.
- Forward form to physician to complete Section II.
- Complete Section I: Retiree's Disabled Child.

#### **PHYSICIAN**

Physician completes Section II and submits completed form to the Maryland State Retirement Agency.

## VERIFICATION OF RETIREE'S DISABLED CHILD FOR SELECTION OF OPTION 2/5 BENEFICIARY

FORM 143 (REV. 4/14)

RETIRED DATE:

			.		.				
--	--	--	---	--	---	--	--	--	--

RETIREMENT OPTION: ☐ OPTION 2 ☐ OPTION 5

MEMBERSHIP LIST											
1	2	3	4	5	6	7	8	9	10	11	12

11

1

First

HOME ADDRESS

[illegible]

Number and Street

\_\_\_\_\_

City

State

ZIP Code

**PLEASE NOTE:** In order to name your disabled child as your beneficiary under Option 2 or Option 5 of the optional forms of retirement allowance, your child must be disabled as certified by a physician in Section II of this form. An individual shall be considered to be disabled if he or she is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

GENDER    DATE OF BIRTH

M or F      Month      Day      Year

NAME OF DISABLED CHILD

First

11

Last

**DISABLED CHILD'S ADDRESS**

Please provide medical information regarding the nature of the disability for the patient identified in Section I of this form.

Diagnosis:

Diagnosis: \_\_\_\_\_

Description of Disability:

Is patient unable to engage in any substantial gainful activity by reason of the physical or mental impairment described above? ☐ YES ☐ NO

Is the impairment expected to result in death or to be of long-continued and indefinite duration? ☐ YES ☐ NO

Reporting physician's name and address:	Physician's signature	Specialty
	Telephone number	Date

If you need help completing this form, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

## **LEOPS – Deferred Retirement Option Program [DROP] FORM 504**

### **APPLICANT'S SECTION**

- Complete all sections on the form.
- Verify with MSRA eligibility to participate in DROP.
- Be sure to provide a daytime telephone number.
- Effective date of participation should be same date as the officer's retirement date.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 504 along with Form 98-101 and binding letter of resignation.

### **RETIREMENT COORDINATOR'S SECTION**

- Sign and date form.



MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

APPLICATION FOR THE DEFERRED  
RETIREMENT OPTION PROGRAM (DROP)  
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)

RETIREMENT USE ONLY FORM 504 (REV. 7/11)

**Important:** Print in ink or type all entries except for signatures. Complete all sections of the application. Contact an Agency Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909 (toll-free) for assistance.

**SECTION I - MEMBER INFORMATION**

APPLICANT'S SOCIAL SECURITY NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

DAYTIME TELEPHONE

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

APPLICANT'S NAME

\_\_\_\_\_  
First Initial Last

HOME ADDRESS

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City

State

Zip Code

APPLICANT'S DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Month

Day

Year

**SECTION II - ELECTION TO PARTICIPATE; EFFECTIVE DATE OF PARTICIPATION**

I hereby elect to participate in the Deferred Retirement Option Program (the "DROP") for members of the Law Enforcement Officer's Pension System effective on the first day of \_\_\_\_\_

Month

Year

Prior to making this election, please read the "Special Tax Notice Regarding Plan Payments." This notice may be obtained by calling the numbers above or accessing the forms menu on the Agency Web site at [sra.maryland.gov](http://sra.maryland.gov).

**DROP PARTICIPATION PERIOD:**

My DROP participation shall begin on the effective date specified above and shall continue for a period not to exceed the lesser of (check applicable period):

\_\_\_\_\_ 5 years

\_\_\_\_\_ Difference between 30 years and my creditable service as of the date of my election to participate in the DROP

\_\_\_\_\_ Insert number of years and months (which may not exceed 5 years)

**ENDING DATE OF DROP PARTICIPATION PERIOD:**

My DROP participation shall end on: \_\_\_\_\_, which is the date I intend to separate from employment with my employer as evidenced by the binding letter of resignation that I have submitted to my employer and that is attached to this Application. My period of DROP participation will end before the date specified above if one of the following events occur: (1) my death; (2) my termination from employment by my employer for any reason before the date specified; or (3) my acceptance of a accidental disability retirement allowance.

**EFFECT OF TERMINATION OF DROP PARTICIPATION PERIOD:**

On the ending date of my DROP participation period, I intend to terminate my employment with my employer. The Agency shall begin paying a retirement allowance to me based on my creditable service and average final compensation as of the effective date of my participation in the DROP, increased by any cost of living adjustments payable during the DROP participation period. In addition, within 90 days after receipt of my Application for Withdrawal of DROP Account (SRA Form 505) and any other information that the State Retirement Agency requires to process the withdrawal, the Agency shall pay me (or my allowable designee) the amount accrued in the DROP for my benefit.

CONTINUED ON REVERSE SIDE



**ACKNOWLEDGMENTS:**

By submitting this application, I hereby acknowledge and certify, as follows:

(1) **Understand the DROP.** I have carefully reviewed the summary of the terms of the DROP and Section 26.401.1 of the pension article establishing the DROP that are attached to this Application. I have discussed any questions I have about retirement benefits payable under the DROP and the Law Enforcement Officers' Pension System with a retirement counselor at the State Retirement Agency.

(2) **Irrevocable Election.** My election to participate in the DROP is irrevocable.

(3) **Retiree.** As of the effective date of my DROP participation, I have retired from the Law Enforcement Officers' Pension System, and therefore, during my DROP participation period, I will not earn any additional service credits in, or make member contributions to the Law Enforcement Officers' Pension System.

(4) **Agency Acceptance of Application.** My election to participate in the DROP will not be accepted by the State Retirement Agency if I do not: (a) satisfy the eligibility requirements for the DROP specified in Ch. 395 of the Acts of Md. 2000; or (b) submit the required attachments specified in Section III of this Application. The Agency shall notify me promptly if it does not accept my application under these circumstances.

(5) **Agency Audit of Retirement Account.** The period of my participation in the DROP is subject to adjustment by the State Retirement Agency on audit of my retirement account. If the Agency makes any adjustments to my retirement account that affects my participation in the DROP, including the duration of my participation in the DROP, I understand that the Agency will notify me of the adjustment and I agree to promptly submit to the Agency a revised application to participate in the DROP.

(6) **Unused Sick Leave.** As of the effective date of my participation in the DROP, the Agency computed my normal service retirement allowance, granting me creditable service for my unused sick leave as provided in §20-206 of the pension article. If, at the end of my DROP participation period, I have any unused sick leave, I will not receive any additional creditable service and my retirement allowance will not be adjusted.

(7) **Beneficiary.** If I die before the end of the DROP participation period, the balance in my DROP account shall be payable as follows:

- (a) to my surviving spouse;
- (b) if I am not survived by my spouse, in equal shares to my children who have not attained age 18;
- (c) if I am not survived by my spouse or any child who is under age 18, to the person named as the beneficiary of my retirement allowance on the Application For Service Retirement (SRA Form 98) submitted with this application; or
- (d) if the person designated as the beneficiary of my retirement allowance on the SRA Form 98 is not living, to my estate.

(8) **Voluntary Funds.** I understand that participation in the DROP precludes me from withdrawing my voluntary funds, if any. The State Retirement Agency shall pay my voluntary money as an additional annuity over my lifetime. (if applicable)

(9) **Accidental Disability Retirement.** I understand that as a DROP member I am eligible for line of duty (accidental) disability benefits only if I am totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during my participation in the DROP, and without willful negligence on my part.

**SECTION III — REQUIRED ATTACHMENTS: Attached to this application are the following:**

- (1) Application For Service Retirement (SRA Form 98);
- (2) Binding Letter of Resignation (SRA Form 507) accepted by the Secretary of your Department or the Secretary's designee reflecting termination of my employment with my employer on the ending date of my DROP participation period; and
- (3) Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election (SRA Form 746)

**SECTION IV**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

Retirement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Deferred Retirement Option Program (DROP) Summary

## for Members of the Law Enforcement Officers' Pension System

Rev. 7/11

Eligibility to Participate	At least 25 but less than 30 years of creditable service in the Law Enforcement Officers' Pension System (LEOPS).
Participation Period	<b>Lesser of:</b> a. 5 years, b. Difference between 30 years and the member's creditable service as of the date the member elects to participate or c. A term selected by the member (which may not exceed five years).
How to Participate	File an election form with the State Retirement Agency (SRA), stating: a. Intent to participate in the DROP, b. Date when the member desires to retire, c. Period for participating, d. Date when the member intends to terminate employment in the form of a binding letter of resignation accepted by the secretary or secretary's designee and e. Election to participate in the DROP is irrevocable. In addition, the member must file the SRA's retirement forms.
LEOPS Benefits During DROP Participation	A DROP participant is a "retiree" of the Law Enforcement Officers' Pension System and as a retiree: a. Does not pay any member contributions, b. Does not accrue additional retirement service credit in LEOPS, c. Does not derive a benefit from any increases in earnable compensation or unused sick leave, d. Is not eligible to receive an ordinary disability retirement allowance, but may be eligible to receive an accidental disability retirement allowance and e. Is not subject to reemployment rules while participating in DROP.
DROP Benefits During DROP Participation	SRA credits to the participant's DROP account: a. Normal service retirement allowances that the participant would have received had he or she received pension payments as of the effective date of his or her participation in the DROP, b. Retiree cost-of-living adjustments payable when eligible and c. Interest on the balance in the account at the rate of 4% a year, compounded annually, effective July 1, 2011. SRA will provide an annual statement of the balance in the participant's DROP account.
DROP -- Accidental Disability Benefits	DROP participants are not eligible for ordinary disability retirement. DROP participants may apply for an accidental disability retirement allowance only if they are totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during their participation in the DROP, and without willful negligence on their part.
Participation Ends	a. On the DROP termination date selected by the participant, or b. If the employer terminates the participant's employment, or c. If the participant terminates employment early, or d. If the participant accepts an accidental disability retirement allowance, or e. If the participant dies.
Effect of End of DROP Participation	<b>Payment of balance in DROP account:</b> Upon application for withdrawal of the accumulated DROP funds, the SRA will pay the amount accrued in the DROP account as directed. Any taxable amounts not rolled over to another tax deferred plan will be subject to mandatory federal and Maryland state withholdings. Please refer to the "Special Tax Notice Regarding Plan Payments" for important information regarding your options to continue to defer federal income tax on your plan benefits. <b>Payment of LEOPS benefits:</b> The SRA begins paying the normal service retirement allowance, increased by any cost-of-living adjustments occurring during DROP participation. The allowance is not adjusted for any increases in the member's earnable compensation or additional unused sick leave.
DROP Death Benefits	If the participant dies prior to ending DROP participation, the balance in the DROP account is paid to the participant's surviving spouse. If not survived by a spouse, the participant's children who have not attained age 18 are entitled to the balance in the DROP account. If the DROP participant is not survived by a spouse or minor children, the balance in the account is payable to the designated beneficiary. SRA also begins paying the surviving spouse 50% of the participant's normal service retirement allowance (computed as of the date of the participant's election to participate in the DROP).
Other	While in DROP, a State participant is subject to the personnel law, regulations and policies applicable to an employee of the State. The participant continues to receive compensation, health insurance and other benefit options established under the State employee and retiree health and welfare benefit program.

Maryland State Retirement and Pension System • 120 E. Baltimore St., Baltimore, MD 21202-6700 • [sra.maryland.gov](http://sra.maryland.gov)

**LEOPS – Deferred Retirement Option Program [DROP] FORM 505**  
**DROP APPLICATION TO WITHDRAWAL**

**APPLICANT'S SECTION**

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 505 along with Form 505.2, Form 746, Form 193, Form 131 and Form 85. Optional form 766, Form 77 and Form 4.

**RETIREMENT COORDINATOR'S SECTION**

- Sign and date form.

**MARYLAND STATE RETIREMENT AGENCY**  
**120 EAST BALTIMORE STREET**  
**BALTIMORE, MD 21202-6700**

**APPLICATION FOR WITHDRAWAL OF DEFERRED  
RETIREMENT OPTION PROGRAM (DROP) ACCOUNT  
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)**

RETIREMENT  
USE ONLY      FORM 505 (Rev. 3/13)

To be completed by member and forwarded to the agency retirement coordinator. (Print in ink or type. Use one space per letter or number and skip space between words.) Upon completion, make a copy for your records and forward the original form to the agency retirement coordinator. Allow 90 days for processing from the date of DROP termination, the date of receipt of the application (if later), or any other form needed to process payment. If you are exercising Choice #2 or #3, you must complete and return a *Trustee-to-Trustee Distribution Form* (Form 193).

**SOCIAL SECURITY NUMBER**      **DAYTIME TELEPHONE**

**NAME**

First      Initial      Last

**HOME ADDRESS**

Number and Street

City      State      Zip Code

County/Baltimore City (If Maryland resident)

**DATE OF BIRTH**      **Termination Date of DROP Membership**

Month      Day      Year      Month      Day      Year

<b>REFUND CHOICE NO. 1</b> (Complete Form 193) <input type="checkbox"/> Entire amount refunded to me.	<b>REFUND CHOICE NO. 2</b> (Complete Form 193) <input type="checkbox"/> Refund \$_____ to me. Balance transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) (If transferring to a 457(b) governmental plan or 403(a) annuity plan, the minimum payable to me is the non-taxable amount, if any.)	<b>REFUND CHOICE NO. 3</b> (Complete Form 193) <input type="checkbox"/> Entire amount transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) Both 457(b) governmental plans and 403(a) annuity plans prohibit a rollover of non-taxable funds from this plan.)
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Any employer pickup contributions transferred under payment choices 2 or 3 lose their Post Tax Status for Maryland income tax purposes. Mandatory federal income tax withholding at the rate of 20% on the taxable amount paid to you. Are you a Maryland resident? Yes ☐ No ☐ For Maryland residents, state income tax withholding of 7.75% will be withheld from the taxable amount paid to you.)

**TO THE BOARD OF TRUSTEES:** My participation in the Deferred Retirement Option Program ("DROP") ended for one of the reasons specified in sec 26-401.1(g) of the State Personnel and Pensions Article of the Annotated Code of Maryland (the "Pension Article"). Accordingly, I hereby apply to receive the amount held by the Board of Trustees in my DROP account as of the date my participation ended. I understand that my election to terminate participation in the DROP is irrevocable. Finally, I understand that the State Retirement Agency of Maryland shall commence and continue payment of my normal service retirement allowance to me, including the cost of living adjustments, as of the first day of the month following termination of my participation in the DROP as provided in sec 26-401 and sec 26-402 of the Pension Article; provided however, if my participation in the DROP terminates because I have elected to receive an accidental disability retirement allowance, I hereby waive any benefits to which I may be entitled under sec 26-401.1 of the Pension Article on account of my participation in the DROP.

I understand that a prompt return of this Application is important to maximize tax advantages to me, and that a delay in the making of this Application may change the tax treatment of the DROP amount payable to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed and notarized in order to be valid.

State of _____ County of _____ (or City of Baltimore) On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, known to me (NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED)* (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal. Signature of Notary Public _____ Printed Name of Notary Public _____ My Commission Expires _____ * IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.	Official Seal must be affixed
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**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

Retirement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S SECTION

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 505.2 along with Form 505, Form 746, Form 193, Form 131 and Form 85. Optional form 766, Form 77 and Form 4.

## RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**ELECTION TO TERMINATE PARTICIPATION  
DEFERRED RETIREMENT OPTION PROGRAM (DROP)**

**LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)**

RETIREMENT USE ONLY FORM 505.2 (Rev. 9/10)

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Benefits Counselor at 410-625-5555 or toll free 1-800-492-5909 (toll-free) for assistance.

SOCIAL SECURITY NUMBER

DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender (M or F)

\_\_\_\_  
Month Day Year

NAME

\_\_\_\_

Initial

Last

HOME ADDRESS

\_\_\_\_

Number and Street

Apartment/Suite

MISCELLANEOUS

\_\_\_\_

\_\_\_\_

City MD County State Zip Code - \_\_\_\_

Country Foreign Zip E-mail Address (Optional)

\_\_\_\_

C/O Home Phone Work Phone Fax Number

\_\_\_\_

Pursuant to State Personnel and Pensions Article, § 26-401.1 (g) (4), I hereby elect to voluntarily terminate my participation in the Deferred Retirement Option Program (D.R.O.P.).

I have completed the following forms:

1. Form 505 Withdrawal of DROP Account
2. Form 746 Safe Harbor Notice & Election
3. Form 193 Trustee-to-Trustee Distribution Form (if applicable)

I understand that my election to terminate my participation from the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the D.R.O.P. and hereby elect to terminate my participation from the Deferred Retirement Option Program effective \_\_\_\_\_.

Signature of DROP Participant

Designee's Signature

Date Signed

Agency Name





## APPLICANT'S SECTION

- ## EMPLOYER SECTION



## **Option Waiver FORM 703**

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- Form must be requested from the Maryland State Retirement Agency.
- Before the first check becomes normally due, member/retiree completes the top of form indicating previous allowance option selection and desired option selection. Form must be signed by member/retiree in the presence of a notary.
- Member/retiree submits notarized waiver form to the Maryland State Retirement Agency. Member/retiree must submit beneficiary proof of birth if choosing a dual life annuity (Options 2, 3, 5 or 6).

## CHANGE OF PREVIOUS OPTION ELECTION

FORM 703 (REV. 9/15)

Revised 7/1/2019

Retirement Allowance Options

**BASIC ALLOWANCE:** The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

**OPTION 1:** Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

**OPTION 2:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

**OPTION 3:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

**OPTION 4:** Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

**OPTION 5:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

**OPTION 6:** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

## Prior Period Payroll Adjustment FORM 714

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Form is completed by retirement coordinator or payroll staff to report prior pay periods worked by members but not previously or properly reported to the Maryland State Retirement Agency (MSRA). Form 714 permits employers to adjust the following payroll data: status of employment, actual annual compensation, employee contribution, hours paid, standard hours, and percentage of time worked, pay period base salary, or annual earnable compensation.

- All form sections must be completed.
- Preparer Information: Include preparer name, title, direct telephone number and date.
- Member Information: Include the member's social security number, full name (Last, First, MI), system code and employer location.
- Complete all payroll fields with *corrected* payroll information.
- Page Total: Sum of all employee contributions on page.
- See reverse of form 714 for further instructions.
- Payment of Missed Contributions: If missed contributions are paid through payroll deductions or by the employer, the *Remittance Reconciliation Form*, *Revenue Control Transmittal* and the member's missing contributions plus interest must be submitted with Form 714 to properly credit the member's account.
- Send all forms to the attention of the Data Control Division- Payroll Unit.

Submission of the Form 714 without contributions will result in a bill being generated by MSRA to the member, and deficiency being placed on the member's account. Payment for any missed contributions can be made at *anytime* during an employee's membership. Interest is applied at the end of the each fiscal year.

PREPARER:
TITLE:
DATE:
TELEPHONE NUMBER:

[illegible]

**STATE RETIREMENT AND PENSION SYSTEM OF MARYLAND  
PRIOR PERIOD PAYROLL ADJUSTMENT FORM FOR PENSION SYSTEM AND BIFURCATED MEMBERS  
Telephone Number 410-625-4899 or Toll Free 1-800-492-5909**

**INSTRUCTIONS FOR PREPARING TRANSACTION CODE 714**

**NOTE: REPORT ALL PAY PERIODS WITHIN EACH MONTH BEING REPORTED**

Please complete all information. Please do not send in duplicates or data that was previously reported on a prior SRA-714 Form. Send form to the attention of  
Data Control Division- Payroll Unit.

Field	Description
System Code	"1" - Teachers Retirement, "2" - Employees Retirement, "3" - State Police "6" - Teachers Pension, "7" - Employees' Pension, "9" Law Enforcement Officers Pension
Location Code	As assigned by State Retirement Agency
Social Security Number	Individual Member Number
Member's Name	(Last, First, MI)- Format
Job Title	Indicate Job Title for period
Status of Employment	Identify employment as permanent, temporary, or contractual
Pay Period Ending Date	Month/Day/Year- Format (M,DD,YYYY)
Actual Annual Compensation	Member's Actual Annual Salary Rounded to whole dollars
Employee Contribution Amount	Amount Dollar and Cents of employee contribution amount withheld for the Pay Period
Hours Worked	Number of actual hours paid for the Pay Period
Standard Hours	Number of Normal or Regular hours for the full-time equivalent position during the pay period
Percentage (%) of Time	If Member is full-time fill with Zeros. If the member is part-time, enter the budgeted part time percentage.
Pay Period Base Salary Paid	Dollar and cents of actual base earnings for the pay period, exclusive of overtime, shift differential, Full-time Equivalent salary per employer's standard salary structure
Annual Earnable Compensation	
Adjustment Amount	Actual adjustment to correct the data being reported
Reason for Adjustment	State what the adjustment is for (i.e retro-salary adjustment, Sick Leave, refund, missed contribution, etc.) short description.



**MARYLAND STATE RETIREMENT AGENCY  
REMITTANCE RECONCILIATION FORM FOR PAYROLL DATA**

**Purposes:** To standardize the following:

- Reconciliation of employee contribution amounts to the reported payroll data
- Identification of retroactive employee contribution adjustments included with current payroll data to facilitate the State Retirement Agency's adjustment of member records

**Employer Name:**

**Employer Location(s):**

**Pay Period Ending Date** (one form for each pay period ending date):

**Contact Name and Telephone Number:**

**CASH REMITTANCE AS PER REVENUE CONTROL TRANSMITTAL** \$

**PAYROLL DATA AMOUNTS AS PER EMPLOYER MEDIA (tape, diskette, C-SET)**

- (a) Employee contributions attributed to current pay period, as reported on current media (**DO NOT REPORT RETROACTIVE ADJUSTMENTS**) \$
- (b) Sum of contributions for previously omitted and current period payroll data requiring SRA-714 (attach SRA-714 for each adjusted member record) \$
- (c) Sum of prior period employee contribution adjustments \$  
(Attach SRA Prior Period Employee Contribution Adjustment form)

**TOTAL ADJUSTED PAYROLL DATA AMOUNT (sum of a, b and c)** \$

**CASH PER REVENUE CONTROL TRANSMITTAL AMOUNT MUST EQUAL  
TOTAL ADJUSTED PAYROLL DATA AMOUNT**

**Reference Notes:**

- (a) Represents employee contribution amounts remitted to the SRA applicable to the current pay period only. Retroactive prior pay period employee contribution adjustments not applicable to the current pay period must be separately manually reported in accordance with note(s) "b" or "c".
- (b) Employer's are required to submit an SRA-714 form to report current and prior pay periods worked by members not previously reported to the SRA. However, an abbreviated format is available to report adjustments that only impact the calculation of the employee contribution amount (see note c).
- (c) For previously reported pay periods where the employer correctly reported the data elements except for the calculation of the employee contribution amount, the employer must use the SRA's 'Prior Period Employee Contribution Adjustment Form' rather than the SRA-714 form.

Approved: \_\_\_\_\_

Distributed: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Total Check Amount \_\_\_\_\_

Certified By: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

## **State Police – Deferred Retirement Option Program [DROP] FORM 756**

### **APPLICANT'S SECTION**

- Complete all sections on the form.
- Verify with MSRA eligibility to participate in DROP.
- Be sure to provide a daytime telephone number.
- Effective date of participation should be same date as the Applicant's retirement date.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 756 along with Form 14-24 and binding letter of resignation.

### **RETIREMENT COORDINATOR'S SECTION**

- Sign and date form.

**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**APPLICATION FOR THE DEFERRED  
RETIREMENT OPTION PROGRAM (DROP)  
STATE POLICE RETIREMENT SYSTEM**

FOR RETIREMENT USE ONLY

FORM 756 (REV. 7/11)

**Important:** Print in ink or type all entries except for signatures. Complete all sections of the application. Contact an Agency Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909 (toll-free) for assistance.

**SECTION I – MEMBER INFORMATION**

**APPLICANT'S SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**DAYTIME TELEPHONE**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**APPLICANT'S NAME**

\_\_\_\_\_  
First Initial Last

**HOME ADDRESS**

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

**APPLICANT'S DATE OF BIRTH**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

**SECTION II – ELECTION TO PARTICIPATE; EFFECTIVE DATE OF PARTICIPATION**

I hereby elect to participate in the Deferred Retirement Option Program (the "DROP") for members of the State Police Retirement System effective on the first day of \_\_\_\_\_

Month Year

**Prior to making this election, please read the "Special Tax Notice Regarding Plan Payments." This notice may be obtained by calling the numbers above or accessing the forms menu on the Agency Web site at [sra.maryland.gov](http://sra.maryland.gov).**

**DROP PARTICIPATION PERIOD:**

My DROP participation shall begin on the effective date specified above and shall continue for a period not to exceed the lesser of (check applicable period):

\_\_\_\_\_ 4 years

\_\_\_\_\_ Difference between 28 years and my eligibility service as of the date of my election to participate in the DROP

\_\_\_\_\_ Difference between age 60 and my age as of the date of my election to participate in the DROP

\_\_\_\_\_ Insert number of years and months (which may not exceed 4 years)

**ENDING DATE OF DROP PARTICIPATION PERIOD:**

My DROP participation shall end on: \_\_\_\_\_, which is the date I intend to separate from employment with the Maryland State Police as evidenced by the binding letter of resignation that I have submitted to the Maryland State Police and that is attached to this Application. My period of DROP participation will end before the date specified above if one of the following events occur: (1) my death; (2) my termination from employment by the Maryland State Police for any reason before the date specified; or (3) my acceptance of a special disability retirement allowance.

**EFFECT OF TERMINATION OF DROP PARTICIPATION PERIOD:**

On the ending date of my DROP participation period, I intend to terminate my employment with the Maryland State Police. The Agency shall begin paying a retirement allowance to me based on my creditable service and average final compensation as of the effective date of my participation in the DROP, increased by any cost of living adjustments payable during the DROP participation period. In addition, within 90 days after receipt of my Application for Withdrawal of DROP Account (SRA Form 757) and any other information that the State Retirement Agency requires to process the withdrawal, the Agency shall pay me (or my allowable designee) the amount accrued in the DROP for my benefit.

CONTINUED ON REVERSE SIDE

**ACKNOWLEDGMENTS:**

By submitting this application, I hereby acknowledge and certify, as follows:

(1) **Understand the DROP.** I have carefully reviewed the summary of the terms of the DROP and Section 24-401.1 of the pension article establishing the DROP that are attached to this Application. I have discussed any questions I have about retirement benefits payable under the DROP and the State Police Retirement System with a retirement counselor at the State Retirement Agency.

(2) **Irrevocable Election.** My election to participate in the DROP is irrevocable.

(3) **Retiree.** As of the effective date of my DROP participation, I have retired from the State Police Retirement System, and therefore, during my DROP participation period, I will not earn any additional service credits in, or make member contributions to, the State Police Retirement System.

(4) **Agency Acceptance of Application.** My election to participate in the DROP will not be accepted by the State Retirement Agency if I do not: (a) satisfy the eligibility requirements for the DROP specified in Ch. 122 of the Acts of Md. 1999; or (b) submit the required attachments specified in Section III of this Application. The Agency shall notify me promptly if it does not accept my application under these circumstances.

(5) **Agency Audit of Retirement Account.** The period of my participation in the DROP is subject to adjustment by the State Retirement Agency on audit of my retirement account. If the Agency makes any adjustments to my retirement account that affects my participation in the DROP, including the duration of my participation in the DROP, I understand that the Agency will notify me of the adjustment and I agree to promptly submit to the Agency a revised application to participate in the DROP.

(6) **Unused Sick Leave.** As of the effective date of my participation in the DROP, the Agency computed my normal service retirement allowance, granting me creditable service for my unused sick leave as provided in §20-206 of the pension article. If, at the end of my DROP participation period, I have any unused sick leave, I will not receive any additional creditable service and my retirement allowance will not be adjusted.

(7) **Beneficiary.** If I die before the end of the DROP participation period, the balance in my DROP account shall be payable as follows:

- (a) to my surviving spouse;
- (b) if I am not survived by my spouse, in equal shares to my children who have not attained age 18;
- (c) if I am not survived by my spouse or any child who is under age 18, to the person named as the beneficiary of my retirement allowance on the Application For Service Or Disability Retirement (SRA Form 14/24) submitted with this application; or
- (d) if the person designated as the beneficiary of my retirement allowance on the SRA Form 14/24 is not living, to my estate.

(8) **Voluntary Funds.** I understand that participation in the DROP precludes me from withdrawing my voluntary funds, if any. The State Retirement Agency shall pay my voluntary money as an additional annuity over my lifetime. (if applicable)

(9) **Special Disability Retirement.** I understand that as a DROP member I am eligible for line of duty (special) disability benefits only if I am totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during my participation in the DROP, and without willful negligence on my part.

**SECTION III — REQUIRED ATTACHMENTS: Attached to this application are the following:**

- (1) Application For Service Or Disability Retirement (SRA form 14/24);
- (2) Binding Letter of Resignation (SRA Form 506) accepted by the Secretary of the State Police or the Secretary's designee reflecting termination of my employment with the Maryland State Police on the ending date of my DROP participation period; and
- (3) Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election (SRA Form 746)

**SECTION IV**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

Retirement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Deferred Retirement Option Program (DROP) Summary

### for Members of the State Police Retirement System

Rev. 7/11

Eligibility to Participate	At least 22 but less than 28 years of eligibility service in the State Police Retirement System (SPRS) and under age 60.
Participation Period in DROP	<b>Lesser of:</b> <ul style="list-style-type: none"> <li>a. 4 years,</li> <li>b. Difference between 28 years and the member's eligibility service as of the date the member elects to participate,</li> <li>c. Difference between age 60 and the member's age as of the date the member elects to participate or</li> <li>d. A term selected by the member (which may not exceed four years).</li> </ul>
How to Participate in DROP	File an election form with the State Retirement Agency (SRA), stating: <ul style="list-style-type: none"> <li>a. Intent to participate in the DROP,</li> <li>b. Date when the member desires to retire,</li> <li>c. Period for participating,</li> <li>d. Date when the member intends to terminate employment with the State Police in the form of</li> <li>e. Election to participate in the DROP is irrevocable.</li> </ul> In addition, the member must file the SRA's retirement forms.
SPRS Benefits -- During DROP Participation	A DROP participant is treated as a "retiree" of the State Retirement and Pension System (SRPS) and: <ul style="list-style-type: none"> <li>a. May not make any member contributions,</li> <li>b. Does not accrue additional service credit in the SPRS,</li> <li>c. Will not derive a benefit from any increases in earnable compensation or unused sick leave,</li> <li>d. Is not eligible to receive an ordinary disability retirement allowance,</li> <li>e. May be eligible to receive a special disability retirement allowance and</li> <li>f. Is not subject to reemployment rules while participating in DROP.</li> </ul>
DROP Benefits -- During DROP Participation	SRA credits to the participant's DROP account: <ul style="list-style-type: none"> <li>a. Normal service retirement allowances that the participant would have received had he or she retired as of the effective date of his or her participation in the DROP,</li> <li>b. Retiree cost-of-living adjustments payable when eligible and</li> <li>c. Interest on the balance in the account at the rate of 4% a year, compounded annually, effective July 1, 2011.</li> </ul>
DROP reporting	SRA will provide a participant with an annual statement of the balance in the participant's DROP account.
DROP -- Accidental Disability Benefits	DROP participants are not eligible for ordinary disability retirement. DROP participants may apply for a special disability retirement allowance only if they are totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during their participation in the DROP, and without willful negligence on their part.
When DROP Participation Ends	<ul style="list-style-type: none"> <li>a. At the end of the period selected by the participant, or</li> <li>b. If the State Police terminates the participant's employment, or</li> <li>c. If the participant elects to shorten the DROP participation period by terminating employment with the State Police, or</li> <li>d. If participant accepts a special disability retirement allowance.</li> </ul>
Effect of End of DROP Participation	<p><b>Payment of balance in DROP account:</b> Upon application for withdrawal of the accumulated DROP funds, the SRA will pay the amount accrued in the DROP account as directed. Any taxable amounts not rolled over to another tax deferred plan will be subject to mandatory federal and Maryland state withholdings. Please refer to the "Special Tax Notice Regarding Plan Payments" for important information regarding your options to continue to defer federal income tax on your plan benefits.</p> <p><b>Payment of SPRS benefits:</b> The SRA begins paying the normal service retirement allowance, increased by any cost-of-living adjustments occurring during DROP participation. The allowance is not adjusted for any increases in the member's earnable compensation or additional unused sick leave.</p>
DROP Benefits -- Death	The balance in the DROP account is paid to the participant's surviving spouse. If not survived by a spouse, the participant's children who have not attained age 18 are entitled to the balance in the DROP account. If the DROP participant is not survived by a spouse or minor children, the balance in the account is payable to the designated beneficiary. SRA also begins paying the surviving spouse 80% of the participant's normal service retirement allowance (computed as of the date of the participant's election to participate in the DROP).
Other	While in DROP, a participant is subject to the personnel law, regulations and policies applicable to an employee of the State Police. The participant continues to receive compensation, health insurance and other benefit options established under the State employee and retiree health and welfare benefit program.

Maryland State Retirement and Pension System • 120 E. Baltimore St., Baltimore, MD 21202-6700 • [sra.maryland.gov](http://sra.maryland.gov)



## **State Police – Deferred Retirement Option Program [DROP] FORM 757**

### **DROP APPLICATION TO WITHDRAWAL**

#### **APPLICANT'S SECTION**

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 757 along with Form 757.2, Form 746, Form 193, Form 128 and Form 85. Optional form 766, Form 77 and Form 4.

#### **RETIREMENT COORDINATOR'S SECTION**

- Sign and date form.

**MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700**

**APPLICATION FOR WITHDRAWAL OF DEFERRED  
RETIREMENT OPTION PROGRAM (DROP) ACCOUNT  
STATE POLICE RETIREMENT SYSTEM**

RETIREMENT  
USE ONLY

FORM 757 (Rev. 3/13)

To be completed by member and forwarded to the Maryland State Police Retirement Coordinator. (Print in ink or type. Use one space per letter or number and skip space between words.) Upon completion, make a copy for your records and forward the original form to the agency retirement coordinator. Allow 90 days for processing from the date of DROP termination, the date of receipt of the application (if later), or any other form needed to process payment. If you are exercising Choice #2 or #3, you must complete and return a *Trustee-to-Trustee Distribution Form* (Form 193).

**SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**DAYTIME TELEPHONE**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**NAME**

\_\_\_\_

First

Initial

Last

**HOME ADDRESS**

\_\_\_\_

Number and Street

\_\_\_\_ - \_\_\_\_

City

State

Zip Code

County/Baltimore City (if Maryland resident)

**DATE OF BIRTH**

\_\_\_\_

Month

Day

Year

**Termination Date of DROP Membership**

\_\_\_\_

Month

Day

Year

**REFUND CHOICE NO. 1**

☐ Entire amount refunded to me.

**REFUND CHOICE NO. 2  
(Complete Form 193)**

☐ Refund \$\_\_\_\_\_ to me.  
Balance transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) (If transferring to a 457(b) governmental plan or 403(a) annuity plan, the minimum payable to me is the non-taxable amount, if any.)

**REFUND CHOICE NO. 3  
(Complete Form 193)**

☐ Entire amount transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) Both 457(b) governmental plans and 403(a) annuity plans prohibit a rollover of non-taxable funds from this plan.)

Any employer pickup contributions transferred under payment choices 2 or 3 lose their Post Tax Status for Maryland income tax purposes.

Mandatory federal income tax withholding at the rate of 20% on the taxable amount paid to you.

Are you a Maryland resident? Yes \_\_\_\_ No \_\_\_\_ For Maryland residents, State income tax withholding of 7.75% will be withheld from the taxable amount paid to you.

**TO THE BOARD OF TRUSTEES:** My participation in the Deferred Retirement Option Program ("DROP") ended for one of the reasons specified in sec 24-401.1(g) of the State Personnel and Pensions Article of the Annotated Code of Maryland (the "Pension Article"). Accordingly, I hereby apply to receive the amount held by the Board of Trustees in my DROP account as of the date my participation ended. I understand that my election to terminate participation in the DROP is irrevocable. Finally, I understand that the State Retirement Agency of Maryland shall commence and continue payment of my normal service retirement allowance to me, including the cost of living adjustments, as of the first day of the month following termination of my participation in the DROP as provided in sec 24-401 and sec 24-403 of the Pension Article; provided however, if my participation in the DROP terminates because I have elected to receive a special disability retirement allowance, I hereby waive any benefits to which I may be entitled under sec 24.401.1 of the Pension Article on account of my participation in the DROP.

I understand that a prompt return of this Application is important to maximize tax advantages to me, and that a delay in the making of this Application may change the tax treatment of the DROP amount payable to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed and notarized in order to be valid.

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned

officer, personally appeared \_\_\_\_\_, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*

{ Official  
Seal must  
be affixed }

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public \_\_\_\_\_

Printed Name of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

Retirement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **State Police – DROP FORM 757.2 Election to Terminate DROP**

### **APPLICANT'S SECTION**

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
- 
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 757 along with Form 757.2, Form 746, Form 193, Form 128 and Form 85. Optional form 766, Form 77 and Form 4.

### **RETIREMENT COORDINATOR'S SECTION**

- Sign and date form.

**ELECTION TO TERMINATE PARTICIPATION  
DEFERRED RETIREMENT OPTION PROGRAM (DROP)  
STATE POLICE RETIREMENT SYSTEM**

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909 (toll-free) for assistance.

[illegible]

Pursuant to State Personnel and Pensions Article, § 24-401.1 (g) (5), I hereby elect to voluntarily terminate my participation in the Deferred Retirement Option Program (D.R.O.P.).

I have completed the following forms:

- |             |  |
|-------------|--|
| 1. Form 757 | Withdrawal of DROP Account                           |
| 2. Form 746 | Safe Harbor Notice & Election                        |
| 3. Form 193 | Trustee-to-Trustee Distribution Form (if applicable) |

I understand that my election to terminate my participation from the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the D.R.O.P. and hereby elect to terminate my participation from the Deferred Retirement Option Program effective \_\_\_\_\_.

Signature of DROP Participant

Designee's Signature

Date Signed

Agency Name

## Federal and State Tax Withholding Request FORM 766

- This form is used for RETIREES to authorize Federal and Maryland State tax deductions from their monthly Maryland State Retirement and Pension System retirement payments.
- Form 766 should be filed with the Application for Service or Disability Retirement and the Direct Deposit-Electronic Fund Transfer Sign-Up Form (Form 85)

### PART I – FEDERAL TAX WITHHOLDING

Designate withholding preference by doing **ONE** of the following:

- Check off #1 for NO Federal Tax withholding.  
OR
- Check off #2, stating the marital status and number of exemptions, to have the agency's automated system determine the amount of withholding.  
OR
- Check off **BOTH** #2 and #3, stating the appropriate marital status, number of exemptions and flat dollar amount. The withholding will be based on a COMBINATION of these items.

### PART II – STATE TAX WITHHOLDING

Designate withholding preference by doing **ONE** of the following:

- Check off #1 (non-Maryland residents) for NO State tax withholding.  
OR
- Check off #2 (Maryland residents) for NO State tax withholding.  
OR
- Check off #3 to indicate a whole dollar amount to be withheld. The Maryland Income Tax Division (see telephone number on back of form) or a competent tax advisor can help determine the withholding amount. The retirement agency cannot compute this amount for the retiree.

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

FEDERAL AND MARYLAND STATE  
TAX WITHHOLDING REQUEST

RETIREMENT USE ONLY

FORM 766 (Rev. 1/18)

You must file one combined form covering both your Federal and State tax withholding elections. Selections made to Part I (Federal) or Part II (Maryland State) on this form will revoke your prior tax withholding selections. Each Section (Part I Federal or Part II State) of the Tax Withholding Form that is not completed in accordance with form instructions will not be processed.

If you have more than one retirement account, please select the account applicable to this tax withholding request: ☐ Retiree ☐ Beneficiary ☐ All ☐ Alternate Payee of \_\_\_\_\_  
(retiree's name)

**PART I – FEDERAL TAX WITHHOLDING CERTIFICATE**

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P. Under current federal law, you cannot only designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3 below. If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P. If you do not submit Form W-4P, the Agency must withhold periodic payments as if you are married claiming 3 exemptions.

Form **W-4P**

Department of the Treasury  
Internal Revenue Service

**Withholding Certificate for  
Pension or Annuity Payments**

**20**\_\_

Type or print your first name and middle initial

Last name

Your social security number

Home address (number and street or rural route)

Claim or identification number (if  
any) of your pension or annuity  
contract

City or town, state, and ZIP code

**Complete the following applicable lines.**

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ☐ ▶ ☐
- 2 Enter the total number of allowances you are claiming for withholding from each periodic pension or annuity payment on this line, and check the appropriate marital status box below. (Note: You must enter a number on the line and check a box. You also may designate an additional amount on line 3.) ▶ \_\_\_\_\_  
Marital status: ☐ Single or Married, but withhold at higher "Single" rate ☐ Married (Enter number of allowances.)
- 3 Additional dollar amount, if any, you want withheld from each pension or annuity payment. (Note: You also must complete all parts of line 2 above by entering the number (including zero) of allowances and checking the marital status box.) ▶ \$ \_\_\_\_\_

**YOUR SIGNATURE** ▶ \_\_\_\_\_

**DATE** ▶ \_\_\_\_\_

THIS FORM IS NOT VALID UNLESS YOU SIGN IT.

Form **W-4P** (2017)

**PART II – MARYLAND STATE INCOME TAX WITHHOLDING REQUEST**

Please check the appropriate block indicating your election. Check only one.

1. ☐ I am NOT a Maryland resident. Do not withhold Maryland income tax.
2. ☐ I AM a Maryland resident but I do not wish to have Maryland income tax withheld.
3. ☐ Withhold Maryland income tax from each monthly pension payment the following whole dollar amount: \$ \_\_\_\_\_ .xx

Return this form to the Maryland State Retirement Agency at the address above.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

▶ ▶ ▶ **IMPORTANT** ◀ ◀ ◀

Please carefully read the following page of this form. This form is not valid unless you sign. Please mail your completed Form 766 to the address at the top of this page or fax the form to 410-468-1700.

Page 1 of 3



**Part I**  
**FEDERAL INCOME TAX WITHHOLDING**

The monthly retirement payments you receive from the Maryland State Retirement and Pension System may be subject to Federal income tax withholding. For further information, please refer to Internal Revenue Service Publication 575 regarding the taxability of pension and annuity income.

As a retiree, the following Federal income tax withholding alternatives are available to you:

1. You may elect not to have Federal income tax deducted from your monthly retirement payment, or
2. You may claim a certain number of exemptions and have the Maryland State Retirement and Pension System deduct the appropriate amount, if any, in accordance with the Federal income tax tables and you may designate an additional specific whole dollar amount to be withheld from your monthly retirement payment.

If you elect not to have Federal withholding apply to your monthly retirement payments, or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the Internal Revenue Service estimated tax rules if your withholding and estimated tax payment are not sufficient. New retirees, especially, should see IRS Publication 505.

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**Part II**  
**MARYLAND STATE INCOME TAX WITHHOLDING**

The monthly retirement payments you receive from the Maryland State Retirement and Pension System may be subject to Maryland income tax withholding.

As a retiree and a Maryland resident, the following Maryland income tax withholding alternatives are available to you:

1. You may elect not to have Maryland income tax deducted from your monthly retirement payment, or
2. You may designate a specific whole dollar amount to be withheld from your monthly retirement payment.

If you elect not to have Maryland withholding apply to your monthly retirement payments, or if you do not have enough Maryland income tax withheld, you may be responsible for payment of estimated tax.

**NOTE:** The Maryland State Retirement Agency does NOT withhold state income taxes for states other than Maryland.

An election of any one of the alternatives will remain in effect until you revoke it. You may revoke or change your election at any time by filing a new Federal and Maryland State Tax Withholding Request.

The Maryland State Retirement Agency cannot assist you in the preparation of tax returns. Please contact the Internal Revenue Service at 1-800-829-1040, the Comptroller's Taxpayer Service Information Line at 410-260-7980 (in Central Maryland) or 1-800-638-2937, or a tax consultant for any assistance.

To receive additional copies of the Federal and Maryland State Tax Withholding Request form, or for other information concerning your retirement benefits, call 410-625-5555, or toll free in Maryland 1-800-492-5909, or visit our website at [sra.maryland.gov](http://sra.maryland.gov).

**SEE PRECEDING PAGE FOR FEDERAL AND MARYLAND STATE TAX WITHHOLDING REQUEST**

FORM 766 (Rev. 1/18)

**Additional Instructions:**

Section references are to the Internal Revenue Code.

Agency refers to the Maryland State Retirement Agency.

**When should I complete the form?** Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2018. You may also use the Withholding Calculator on the IRS website at [www.irs.gov/individuals](http://www.irs.gov/individuals) for help in determining how many withholding allowances to claim on your Form W-4P.

**Multiple pensions/more-than-one-income.** To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You can also get forms and publications from the IRS website at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

**Withholding From Pensions and Annuities**

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its commonwealths and possessions, and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P. You may not make this choice for eligible rollover distributions.

**Caution.** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3. If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see Payments to Foreign Persons and Payments Outside of the United States.

**Caution.** If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$2,000 a month.

If you submit a Form W-4P that does not contain your correct Social Security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans of exempt organizations described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Changing Your "No Withholding" Choice**

**Periodic Payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer.

**Payments to Foreign Persons and Payments Outside the United States**

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for additional details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

**Statement of Federal Income Tax Withheld From Your Pension or Annuity**

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

If there are questions of interpretation, the provisions of Division II and III of the State Personnel and Pension Article of the Annotated Code of Maryland and Code of Maryland Annotated Regulations (COMAR) takes precedence in resolving questions regarding the policies and benefits of the Maryland State Retirement and Pension System.